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EDITORIAL COMMENT



THE NURSE'S PLACE IN THE MORAL EDUCATION OF THE CHILD

THE articles by Dr. Lapham and Miss Purcell in this issue of the JOURNAL, with the inquiry in the letter department from a nurse who has been asked to give talks to school children on sex problems, bring before our minds the fact that nurses are more and more being drawn into this work of child education, and that it is their duty to be prepared to give intelligent advice when mothers or teachers appeal to them.

The private duty and visiting nurses in the homes of the people and school nurses in the schools are constantly finding physical ills, moral perversity, or domestic unhappiness, which have their remote but real cause in ignorance of the most vital facts of life. Many young girls would choose differently in marriage did they know all that it implies, and the number of divorces would be lessened. Little boys and girls could be spared much knowledge of a degrading character if their first questioning were met with truthful replies. Loose morals could be partly guarded against if children learned early the sacredness of the human body and of human relationships.

How much of the responsibility of this teaching rests with the nurse? She should not assume that part which rests with the parents or with the teachers—it is not well for mothers to have their own responsibilities shifted to other shoulders. It is with homeless and motherless children that we have direct responsibilities; with the others it must be indirect, through the mothers themselves, as we come in contact with them in any way, or by enlightenment of a whole community of adults, through promoting lectures and classes, letting them work out its practical application in their families.

It is our own opinion that beyond a certain point such discussions cannot be conducted before open classes of boys and girls, but much can be done to pave the way for individual instruction by talks on per-

sonal hygiene. An earnest talk on the care of the body, the preservation of its health and usefulness, the care that should be given eyes, ears, teeth, nails, etc., can be made interesting to the point of enthusiasm; and special stress should be laid on the need of perfect cleanliness of the whole body and of each part, of the benefit of fresh air by night and by day, of the reflex influence of a clean mind and a clean body on character. Where small groups of girls can be taken together the importance of bathing during the menstrual period can be pointed out.

School nurses may be asked by teachers as to what can be done for the children who have fallen victims to the habit of masturbation. The attitude of the nurse should be that of one seeking for a physical explanation of a diseased condition, for in many cases the cause may be found in some local irritation, some lack of cleanliness of the genital parts, or extreme nervous irritability of the body during the developing period. The nurse must find and relieve the physical cause, teach the child the need of absolute cleanliness, and also warn it earnestly of the effects of such habits. Wise and tender guidance at such a time may result in the moral transformation of a child who might otherwise wander far from the paths of virtue.

The private duty nurse who goes into the homes of people of intelligence should wait for a natural opportunity or for a direct appeal before broaching this subject of the moral education of children. If she carries the subject in her mind as one she must make it a duty to discuss, she will make herself a nuisance. The openings for discussion of such topics arise in a natural way or not at all, and it is an intrusion, in most cases, for her to introduce it unasked. When she does have the chance, she should not fail to show how much safer it is for the mother to answer children's questions truthfully, as they arise, and to point out the importance of teaching children modesty from infancy, of not allowing brothers and sisters to run about undressed, even when very little, and of preparing girls approaching adolescence for the function of menstruation by proper instruction. She must be able, when asked, to refer her patients to the best literature on the subject, with which she should herself be familiar.

Some such titles will be added to our book department when, after personal examination, we are assured that we have found the best.

PROGRESS OF STATE REGISTRATION

For a long time, a small group of nurses in New Jersey has been laboring to arouse new interest in state registration, in order to put through a new bill that would be more in accord with the best of those

in force in other states. While the matter dragged for lack of interest, the state medical society introduced a bill for state registration of nurses so objectionable that the nurses have at last been aroused and have prepared a bill to introduce in opposition.

In Wisconsin, the state association, being a comparatively recent organization, had not reached the point in its development where it was quite ready for legislative action. Here, again, a bill has been introduced by a doctor, and the nurses are forced to take action immediately. A strong committee has been appointed with power to introduce an opposition measure, if necessary, and to draw upon the treasury of the association for such funds as are needed.

In Montana, where nurses are few in number and very much scattered, there is no organization. Here, too, the state medical association has introduced a bill, objectionable in some ways, but in others, exceedingly good. The preliminary qualifications call for a high school diploma, the hospital course to be three years after the expiration of the term of the waiver, the law to be administered by the doctors for the first year, after which time the governor appoints three nurses and two physicians to constitute the board of examiners, registration to be compulsory. A few graduate nurses scattered over the state are doing what they can to have this bill so amended that from the beginning the board of examiners shall be composed of nurses.

It would seem that those states that have been slow in establishing state registration are being made the dumping ground of so many of the undesirable women in the profession, that the medical profession in self-defense is having to take the initiative.

A more careful study of the laws now in operation has shown us that we have been in error in our interpretation of some of the bills. In our reading of them we had not fully grasped the fact, that in six states registration is mandatory for all graduates, only practical nurses being permitted to work for money without having obtained a certificate from the state board. These six states are Virginia, Colorado, Texas, Oklahoma, Wyoming, Indiana, and until recently Iowa, whose bill some time ago was quietly amended, repealing this clause. The nurses are now endeavoring to have it replaced.

So far as we are able to learn there has been no contention of this condition in any of these states, but how vigorously it is being enforced we are unable to state, as not all of our letters of inquiry have been fully answered. We understand that in at least four of them there has been no contention, the nurses have accepted the conditions without protest. In the state of Wyoming the procedure is for the secretary of

the board of examiners to notify a new-comer by mail that she must register; if she neglects to do so, a second notice, sent through the county attorney, is usually sufficient.

Through our own error, we have been made to see that there has been a greater advance in registration than we had realized. What is being done in these states can eventually be done in all, and in those older sections of the country where laws have been longest in operation, the time seems near at hand when some drawing in of the lines may be considered.

THE NEWER OBLIGATIONS OF STATE REGISTRATION

It is now something more than ten years since the first definite steps were taken toward state registration, and it is eight years, the coming spring, since the first laws went into effect. During this short time twenty-one of our forty-eight states have put such statutes into operation, and thousands of graduate nurses are using the letters R.N. after their names.

With these laws certain new obligations have come to nurses that are peculiar to their administration and are distinct from anything that has devolved upon women before. We are still in the constructive period, but in the states where the law has been longest in operation, the value of state registration has been proven.

Just here we wish to speak of the personal qualifications of those nurses who are called upon to act as state officials, as members of boards of examiners and inspectors of training schools, and to impress especially upon the states young in the work, or about to enter upon it, the need of most careful selection in the appointment of such officials.

The far-reaching power of state registration in any profession is its direct influence upon the standard of education, which is really fixed by the requirements of the board of examiners. During the constructive period, the members of such boards do far more than to prepare and pass upon examination questions. The inspection of training schools, except in New York, is more or less directly under these boards. This makes it apparent to any thinking person that the selection of women to serve as members of such boards is a very grave responsibility, whether it devolves upon a state association to nominate, or upon a governor to appoint. The personal qualifications of such state officers should come before everything else. They should be women of integrity, whose moral status has never been questioned. In this respect nursing is unlike any other profession, and standards of morality such as are maintained by men cannot be accepted.

Some experience as a teacher and trainer of nurses at some time since graduation would seem to be an essential qualification. If, added to this, a woman has had experience of private nursing or social work, she is so much the better qualified for the duties of examiner, but we hold that the teaching experience should be insisted upon when possible, as all the different problems of the training school come before the board in connection with the preparation which pupils who come up for examination are receiving; and women who have had experience only as pupils in a training school can hardly deal with such questions justly to the hospital, which has the double responsibility of caring for the sick at the same time that it is educating its nurses.

When the first laws were passed, nurses being ignorant of what would follow, no provision was made for the inspection of training schools, but such was very soon found to be necessary, and has been met through the administrative side of the laws.

Perhaps even more forcibly than in the case of examiners do the qualifications which we have outlined apply to the inspector. As the work develops, the term inspector seems to be a misnomer, for she is vastly more than an inspector of buildings, equipment, and methods. She not only reports conditions as she finds them, but her work is constructive and advisory, and through her influence chaotic conditions are reduced to order, and affiliations are provided for, which, without the authority and guidance of a state official from the outside, would be impossible to bring about. That she be not too young and a type of woman who commands not only respect but confidence, and that she has herself battled with all of the problems of the training school, goes without question. Otherwise she can be little more than a figure-head in the vital work of this period.

The laws for state registration having been brought into effect through the influence of nursing organizations, such organizations have a moral right, at least, to insist that they shall be administered in a manner satisfactory to the highest nursing ideals, and when the appointments of such state officials are made without regard to proper fitness, whether moral or professional, protest should be vigorous and continued until efficient nurses are installed.

We have said that the term inspector is a misnomer, but it is not too late for the title of this important officer to be changed, and to be made one that conveys a better idea of the dignity and importance of her position. There would seem to be nothing inconsistent in her being called secretary of nursing of the state of Illinois, Indiana, or New York, as the case might be, whether she is appointed by a board of

education, a board of health, or is a member and representative of the board of examiners—the dignity and importance of her office are the same, and the fact that the custom is not followed for the other professions need not apply to nurses, as it is no more new than the whole system of registration, as applied to nurses, is new. On the other hand, why could we not have to advantage in every state a secretary of medicine, of pharmacy, of dentistry, etc., as the executive heads in the state of such departments of education? It would seem quite as important to the welfare of the people as to have a national secretary of agriculture or of war.

One of the things that nurses must look to in the administration of laws for state registration is the proper recognition by the public of their official representatives, and the only way in which such recognition can be brought about is for the whole nursing body to concede to such officers confidence, loyalty, and support; also such liberal compensation to inspectors and secretaries, that as they go about in the performance of duty, they may be able to stay at the best hotels, to travel first class, to dress properly, and in other words to afford the outward manifestations that custom calls for in a person occupying a dignified official position.

SOME COMMON OBSTACLES TO PROGRESS

ONE of our correspondents, a member of a state board, in writing of the conditions which are an obstacle to progress in her state, calls our attention to the fact that the multiplicity of small hospitals owned by medical men, where training schools are maintained for strictly commercial purposes, is the greatest problem that confronts them, and that the frequent changes of superintendents, not only in these commercial schools, but in all the schools, is a terrible menace to stability and efficiency in the administration of such schools and the efficient care of the sick. This does not apply to any one state, but is a condition which prevails to a greater or less degree over the whole country.

Another element demoralizing to efficient administration is the practice of appointing a pupil to have charge of a hospital or training school immediately after graduation, without experience even as an assistant. Thirty years ago, when training schools were first developed, this was necessary, as there was not a sufficient number of trained women to meet the demand, but it is to be said in favor of these women of the early days that the majority of them were ten years older when they entered the schools than those of the present time. They had had more home experience, as housekeepers and helpers; many of them had been

teachers and were accustomed to responsibility. All of them, we may say, during the period of training had served as head nurses, a most valuable preparation for executive work.

Another growing evil, particularly in the great centres, is the appointment of women to hospital positions through political influence, regardless of ability or proper personal qualifications.

It would seem that the time has come when the whole nursing body must concentrate its energies on the task of forcing upon the attention of the public those ideals for which we must stand united if nursing standards are to be advanced, for without the co-operation of the men and women who organize and support our hospitals, progress will not only be very slow but retrogression will occur.

The admission of pupils at so much younger age, 18 to 20, where 23 to 25 was formerly the rule, seems to be an economic necessity. With the constant multiplicity of hospitals and training schools, the ever-widening field of occupation for intelligent women, there are not enough candidates of a more mature age to fill the vacancies as they occur. The large hospitals which offer the most complete experience and training get the best applicants to-day, as they always have. This is not a new condition, but one which every woman who has had any number of years of teaching experience knows to have existed from the beginning. The fact that pupils are so much younger calls for a greater number of permanent heads of departments in hospitals, both large and small. A graduate nurse, liberally paid, in the operating room, at the head of each ward, in charge of the clinic, of the nurses' home, and of the kitchen department, when possible, would lessen the chances of accident, and give to those younger women more careful supervision and preparation than was necessary for women formerly of more mature minds. Also, it would seem advisable, where special nurses are called for, that they should come in from the outside, and only pupils who are very near the end of their term be used for this service.

It is very rarely, in our opinion, that the superintendent of a hospital, be she a woman, or of the training school, or where the two offices are combined in one, does not have very great influence with her board in determining these questions. Many fail to use this influence through youthful inexperience, and some through ignorance or a fear of weakening their own position. It seems hardly necessary to say that a sustained effort among the women holding hospital positions over the country for a more liberal employment of permanent heads of all hospital departments would bring improvement and check what seems to be a lowering of standards of hospital efficiency, which the introduction of training schools raised so perceptibly.

The time has passed when any intelligent person deplores the establishment of a small general hospital. Their need in small cities and even in isolated centres is, if anything, greater than in large cities. From the standpoint of the alleviation of suffering and the preservation of life, one usually finds in them just as high efficiency and skill on the part of both doctors and nurses as is found in the large institutions, but with fewer of what we may call hospital frills.

The scarcity of nurses for these small hospitals is a problem which has always existed, but there is this difference at the present time. Through the influence of state registration and under the direction of a nurse inspector and board of examiners, an affiliation of a number of the small hospitals in a state can be arranged for, and a most valuable course offered to applicants. The variety of experience to be gained in a number of hospitals can be made fully equivalent to that of one great institution. The weak point in this plan is lack of cordial co-operation between the executive heads of the schools involved, and it is in connection with this lack of co-operation that one of our most difficult problems remains unsolved. These women need to know each other better.

The expense of maintaining such a school, the travelling expenses when changes are made, and compensation to the pupils should be divided equally between the institutions benefited, and not, as seems to be the custom, requiring the hospital sending the pupils to bear the entire expense, and the one receiving them giving no money compensation for services they render. This is a question where we need a higher standard of ethics among training-school superintendents, where not only What shall we gain? but What can we give? shall govern their actions, and where the responsibility for the careful training of pupils received from another school should be fully as great, if not greater, than that of the superintendent having only one set of pupils to consider.

These are all questions which should be freely discussed at our state and national meetings, where an interchange of personal experiences is the only way that practical conclusions can be reached, and where the sympathy and advice of those who have battled with such questions serve as an inspiration for continued effort.

THE PLANS FOR THE MAY MEETINGS

THE committees representing the national associations and the JOURNAL had their usual meetings in New York in January; these have come to be a regular proceeding. The JOURNAL stockholders' meeting

was held at the Central Club for Nurses, it having been understood that the Bellevue Club would move to its new quarters early in the month. It was shown that the programmes for both the Superintendents' meeting and the Associated Alumnae are rapidly getting into form, and they promise to be as full of interest as they have always been.

The associations, in appointing their delegates to the Associated Alumnae, should bear in mind that one of the important reports to be submitted will be that of the committee on reorganization, of which Miss Sly is the chairman, with Miss Noyes and Miss DeWitt as her associates. An outline of the plans will be sent to each association in time for discussion with the delegates before the annual meeting, and while we would not advise the delegates to be arbitrarily instructed, they should know the sentiment of their associations. This is perhaps the most important of the questions that are to be brought forward.

Members will recall that in this matter of reorganization it is agreed we are to go slowly. Last year it was the consensus of opinion that the meetings should be held every other year, instead of every year, and this year the most vital points to be discussed are the change of name and some plan of greater uniformity, both in the matter of representation and dues, the object in view being the elimination of duplication in membership and a more universal representation of the nurses of the country.

If the last census of 100,000 nurses in this country is accurate, the membership of the Associated Alumnae, which, eliminating the duplication by states, is about 15,000, is a small representation for a national society, and some form of membership which will make it more inclusive is desirable.

Another report which is to be made, and which touches every woman in the association very closely, will be that of the committee on a pension fund, of which Miss Giberson is chairman. We have had some correspondence in regard to public appeals for sick nurses which brought out the following letter from one of our well-known women, whose name we do not publish, as we have not her permission to do so. She writes:

"Ought it to be necessary for such an appeal to be made through the columns of a daily newspaper? Should nursing organizations undertake to assist such cases? Nurses seem to be able to raise large sums of money for educational advancement, as in the case of the endowment fund, Teachers College, or for investment to advance their professional interests, as in the matter of the JOURNAL Purchase Fund. Would it be possible to raise money to establish a national sick and

benefit fund? It is a big question. Many nurses have a vital interest in it. It brings us all back to the old question, 'Am I my brother's keeper?'"

Why should we not begin at once contributions to a national sick benefit or old age fund, to be in the hands of a special committee of the Associated Alumnae, to accumulate till it reaches \$5000, the interest then to be used, and in cases of extreme need the principle to be drawn upon. While the fund is accumulating and being held as a trust for the association by the committee, more mature plans can be developed for its equalization and distribution. We think this is a pressing need.

Another matter which we think it well to speak of is the importance, in this proposed revision, for a definite rule to be established whereby the nominating committee should, before submitting blanks to the associations, obtain from those holding office their views as to serving again, if nominated and elected. The names of those not willing to be renominated should be sent with the blanks to the associations.

The JOURNAL has been criticised for not announcing the fact that Miss Delano would not stand for re-election as president this year. We can honestly say that this fact was not known to us until after the blanks had been returned; the association of which both the Editor and her assistant are members had nominated her.

PAPERS REQUESTED BY JOURNAL READERS

THE little paper on ophthalmic goitre, given as the leading article this month, was written especially for the JOURNAL by Dr. Logan, clinician for St. Mary's Hospital, Rochester, Minnesota, under the direct supervision of Dr. Charles Mayo of that institution. Both this paper and that by Miss Jamme, which follows it, were written in answer to a request from one of our readers, and a paper on arteriosclerosis, the subject of another request, is being arranged for. We are always glad to know what subjects are desired and to furnish such papers, as far as is possible.

NOTICE TO NEW YORK STATE NURSES

AFTER the closing of these pages, word was received from Mrs. Twiss that neither she nor Mrs. Schenck will stand again for nomination for the offices of president and secretary of the State Association.

EXOPHTHALMIC GOITRE

By A. H. LOGAN, M.D., Rochester, Minnesota

EXOPHTHALMIC goitre or Graves' disease is a disease affecting the entire organism, and is due to an excess secretion from the thyroid gland. It differs from simple goitre, in that the enlargement of the thyroid is made up mainly of cells, which give off a more or less normal secretion, but too much of it, which then acts as a poison; *e.g.*, strychnine, grs. $\frac{1}{60}$, acts as a tonic, but grs. 1 is a strong poison. The large simple goitres are composed mainly of slightly changed cells with enlarged acini or spaces, which contain a thick substance known as colloid. This is but slowly absorbed. A simple goitre may degenerate or break down; then giving off a poison which acts on the general organism, much like that from an exophthalmic goitre.

The thyroid gland and the pelvic organs in women have some physiologic relationship; as is seen in the adolescent goitre, coming on at puberty, lasting a few months and disappearing, usually without treatment; also the enlargement of the thyroid at the menstrual time with its excess secretion, causing the nervous phenomena then; and the enlargement during pregnancy with its lessened danger to kidney breakdown.

Exophthalmic goitre causes the entire organism to work too fast, thus wearing out the organs rapidly, the heart usually being the first to feel the strain. From this condition we get most of our symptoms, *i.e.*, either from organs working too rapidly or from wearing out ones not able to keep up the rapid work demanded. Thus we get palpitation of the heart, with rapid pulse rate, shortness of breath; nervousness and fine tremor of the fingers and hands, with loss of weight and strength. The goitre itself and protrusion of the eyes are at times not noticeably present at the beginning. When the disease is severe or an acute attack is present, vomiting and diarrhoea are marked symptoms. The pharyngitis and stomatitis of the acute stage are very painful and troublesome conditions and require careful nursing. Extreme restlessness is a serious symptom. Sweating, insomnia, hoarseness, itching, and pigmentation of the skin are symptoms seen more or less often.

The diagnosis between some types of neurasthenia and mild exophthalmic goitre is at times very difficult, the patient having to be under close observation for some time, as many of the symptoms are identical.

The heart and kidneys are usually seriously affected and the patient must be carefully guarded from overexertion and excitement. Medical treatment is, in most cases, palliative and should be given in preparation of the patient for early surgical intervention.

NURSING OF EXOPHTHALMIC GOITRE

By ANNA C. JAMME, R.N.

St. Mary's Hospital, Rochester, Minnesota; Graduate of Johns Hopkins Training School

THE nursing before operation is directed mainly towards keeping the patient quiet, removing all causes of worry and excitement, avoiding mental stimulus, as prolonged reading aloud or long and exciting conversation. Rest in bed as much as possible. A sponge bath should be given both night and morning. Fluids should be given freely. If there is diarrhoea or disturbance of digestion, light, easily digested food, no heavy proteids, constitute the diet.

The patient may be unable to feed herself, due to nervous tremor. In young patients belladonna with quinine is ordered if the heart action shows uneven tension or irregularity. In certain cases the X-ray is applied over the gland, which may give temporary improvement. Where there is broken compensation, ascites, or œdema, digitalis is ordered. An ice cap over the heart at night may assist in quieting the pulse and usually gives great relief. The cap should be held in position by a light bandage, otherwise it is most frequently found over the liver or spleen, in restless patients.

In the preparation for operation a soap-suds enema is given; no cathartic unless there has been constipation. A hypodermic injection of morphine, grs. $\frac{1}{6}$, to allay nervousness and lessen the amount of ether for profound anæsthesia, is given one hour before the operation begins; with this is also given atropine, grs. $\frac{1}{150}$, to relieve the mucus from the trachea during operation. The patient is placed on the table in reverse Trendelenberg position in order to relieve the upper portion of the body from pressure of blood. In cocaine cases, scopolamine, grs. $\frac{1}{120}$ – $\frac{1}{150}$, is given with morphine, grs. $\frac{1}{6}$, one hour before operation.

On return of patient to bed, a rectal injection of salt solution, one quart, is given slowly and under light pressure, and repeated several times in the first thirty-six hours. Should this not be retained, saline is then given subcutaneously. An ice cap is placed over the heart

and one on the head and kept there continually until the severe symptoms have decreased; where there is excessive sweating, atropine is ordered, grs. $\frac{1}{150}$. Digitalis, grs. $\frac{1}{60}$, may be ordered for irregular, unsteady, and rapid pulse. Hot boric acid dressings over the front of the neck often quiet and allay the excessive irritation of the trachea. As soon as the patient can swallow, fluids are given, or ice cream, junket, or custard may be found to be less difficult to swallow. The tremor and restlessness usually subside to a great extent in two or three days. The pulse gradually becomes more steady and will fall from 180 to 110 or 80 in five or six days. Temperature may be elevated for two days but also drops with the pulse. The exophthalmus may be increased at first, but diminishes with the other symptoms. Patients are usually out of bed in about four or five days and leave the hospital in from eight to ten days. In patients where symptoms are severe and conditions unfavorable for operation, a ligation of the blood-vessels supplying the glands is done under cocaine and later the extirpation of the gland. Such patients require as careful post-operative care as when the gland is removed, and the same routine is observed.

In the simple goitre we have the opposite symptoms. Patients are phlegmatic, dull, and not easily excited. The gland may be large and extend behind the sternum and press on the trachea and cause difficulty in respiration. There may be considerable venous hemorrhage during the operation necessitating very careful watching, as it might continue after the patient returns to bed and only be evident by sudden embarrassment of respiration from pressure on the trachea. The nurse in this case can do very little beyond quickly notifying the surgeon, loosening the bandages and placing the patient in sitting posture. In these cases rectal injections of salt solution are given, as in exophthalmic type.

The nurse who undertakes the care of a patient suffering from exophthalmic goitre should have experience in the care of nervous patients. Her endurance will be greatly taxed. Her manner should be calm and she should establish in the mind of her patient at the very outset of her work a perfect confidence in her ability. She should not be hesitating, nor should she apparently try to control or restrain the nervous actions of the patients. Such a nurse will be an immediate factor in the successful recovery of the patient.

MEDICO-MECHANICAL TREATMENT

By HELEN A. PARKS

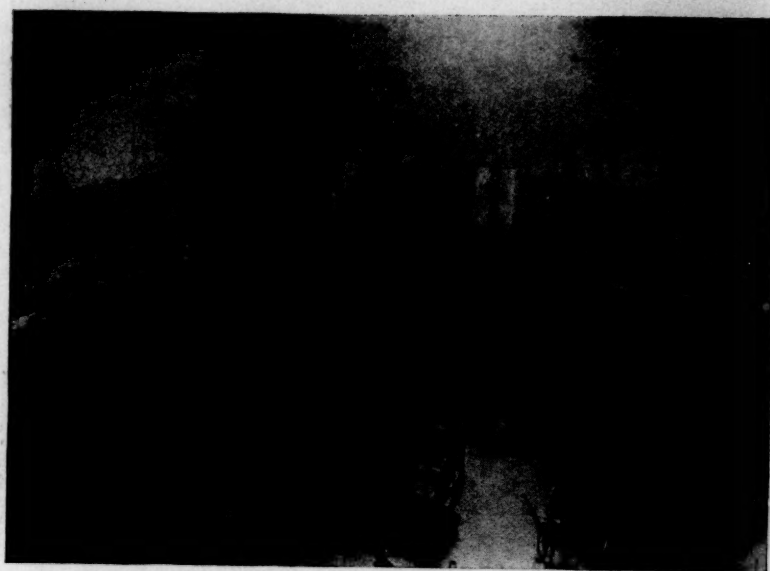
Class of 1910, Massachusetts General Hospital

THE Zander methods of treatment are the modern applications to diseased bodies of the same principles by which the ancient Greeks strove to perfect their healthy physical development through the Olympic games and various other athletic sports. That exercise strengthens weak muscles has long been known, and even in those early times the value of physical exercise for the relief of diseased conditions was slightly recognized. The gymnastics were not modified to meet the needs of the patients, however, and consequently were as often harmful as beneficial.

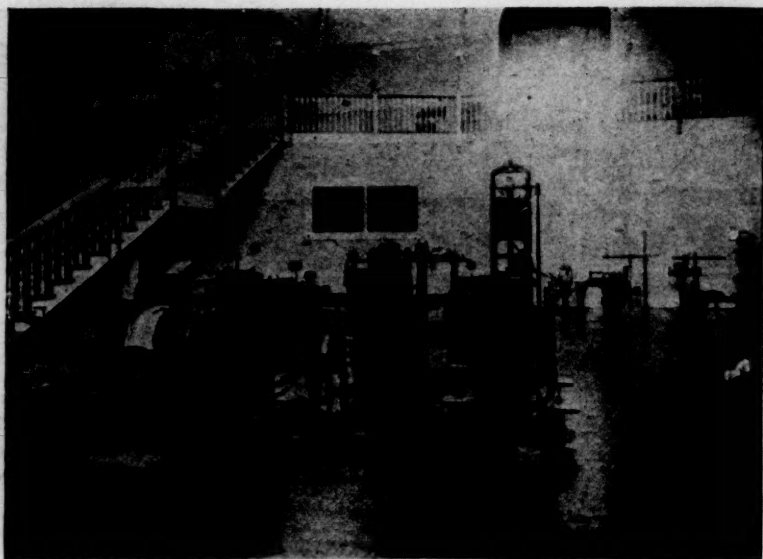
Indeed, no notable attempt to systematize or modify physical exercise, with relation to its value in pathological conditions, was made until late in the eighteenth century. Ling, the Swedish gymnast, first described a complete system of exercises which were suitable for diseases of the muscles and nerves. Later on, physical exercise as a means of relieving cardiac and respiratory diseases was much studied, and proved to be valuable in certain conditions. The great difficulty encountered was the fact that there was no adequate method of graduating and modifying the exercises finely enough to meet the varying needs of individuals.

A German physician, Oertel, recommended mountain-climbing under rigid supervision, as a treatment of heart and lung troubles. His plan was to lay out walks of a length and steepness suited to the individual need, and by careful observation and supervision of the patient, to vary the climb according to indications. He met with such brilliant success in many instances that attempts were made to carry out his methods in several places in Europe. Where the supervision was inadequate the results were so harmful that mountain-climbing as a curative treatment became much less popular.

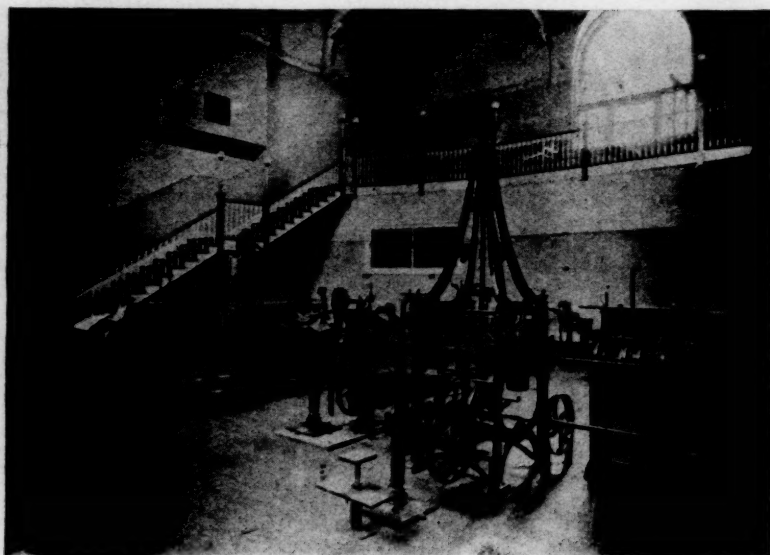
In 1857 Gustav Zander was physical director of a large girls' school in Sweden where the system in use was a modification of that taught by Ling years before. The exercises consisted of a series of active and passive movements where the results depended almost wholly upon the personal observation and judgment of the gymnast. The amount of strength used by the patient was measured only by the amount of



MECHANOTHERAPY APPARATUS, MASSACHUSETTS GENERAL HOSPITAL, BOSTON.



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resistive force required of the gymnast himself, and as he became used to controlling resistive movements his own strength increased so as to eventually render him unable to judge or note slight changes in his patient's condition.

Zander was very much impressed by the difficulty with which he adapted his strength to that of his more delicate pupils, and it was then that he first thought of using a mechanical means for overcoming this inconvenience. His ambition was to perfect an apparatus, the action and resistance of which could be controlled to suit individual needs more accurately and consistently than could be done by relying on the sensitiveness of human muscles.

Throughout his medical studies, Zander worked upon this problem and finally succeeded in convincing his friends of the value of his scheme. In 1864 he received their support in founding an Institution of Mechaniotherapy, in Stockholm. It was opened in January, 1865, with twenty-seven pieces of apparatus. In speaking of his institution, Dr. Zander said, "The healing principle lies in part in exercising the muscles, and in part in certain mechanical operations upon special organs or parts of the body."

By the Zander methods the gymnasts are replaced by mechanical structures so arranged that in active movements the patient is forced to use certain muscles or groups of muscles to set the machine in motion. Various machines are adapted to the action of various parts of the body—stretching, bending, or turning—as is required. In passive movements the machines are moved by gasoline or steam power.

A great advantage is that the action of a machine can be accurately determined and graded according to indications. For instance, a machine which exercises certain muscles may be set at a given resistance which the patient can overcome with reasonable effort. After exercising for a time the resistance can be increased at a measured rate, as indicated by the patient's condition.

By this means, the effect of one-sided or sedentary occupations can be overcome by applying the treatments to the habitually unused muscles.

Several pieces of the Zander apparatus are devoted to exercises for the correction of scoliosis,¹ and in this particular line the treatments are very successful.

Many of the machines give the effect of massaging the various parts

¹ [For the benefit of the older graduates who, like the editors, are not so well versed in scientific terms as are the pupils in training, we explain that scoliosis means curvature of the spine.—Ed.]

of the body to which they are adapted. This is usually accomplished by means of plush or chamois-covered wheels and corrugated straps which revolve against the skin.

There are various kinds of vibrators which give well-defined psychological as well as physiological effects, leaving nerve patients soothed and refreshed, relieving pain and oftentimes very evidently lowering the rate of the pulse and strengthening it. Milder muscular exercises are used in circulatory disturbances with a view to raising blood-pressure by a mechanical action on the arteries. Machines for chest expansion and breathing exercises are among those most used and most efficient.

It would be impossible to describe or even name the different types of apparatus in a short article, as modifications and improvements are constantly being added to the original machines used by Zander. The results obtained by his methods are recognized throughout the medical world, and a Zander Room more or less complete in equipment is becoming a necessary department of all the larger hospitals. The use and value of that apparatus is taught in the medical schools under the subject mechanicotherapeutics.

NURSING CARE OF THE INSANE

By MARGARET PURCELL

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THE article by Dr. W. Mabon in the August JOURNAL was undoubtedly read with great interest by nurses who are caring for the insane.

I will not undertake to discriminate between the general and the mental nurse, as little can be added to what Dr. Mabon has already said, but that the average general nurse takes her method of mental nursing from one of our best text-books on general nursing is very evident. This text-book is above criticism, and I deem it invaluable in its directions as to the care of the sick except that it speaks of insanity as madness, adding the direction, "Treat the patient with great sternness."

I have been caring for nervous and mental cases for several years, and find that in no form of nervous breakdown does a patient respond more quickly to kindness and gentleness than do the insane. The most violent, and even homicidal cases, can in time be made much more comfortable and manageable by such means. The patient is noisy, violent, possibly profane,—a suggestion or kind word from the nurse, in a

low tone of voice, will at least attract the patient, and she may listen with surprised curiosity for another word.

In all mental cases, the first step is to gain the confidence of your patient, which can be done only by kindness and consideration for the patient's wishes and comfort. As a great many of our insane patients are already suspicious, great care should be taken not to do anything to arouse further suspicion, such as whispering in their presence, deceiving them, misrepresenting anything which can be made clear,—as, indeed, many of the so-called mental patients are purely nervous and have a far better knowledge of their surroundings than one might at first suppose.

The patient whose physical condition does not contraindicate it has usually some hydrotherapeutic treatment every day,—the prolonged bath at a temperature of 98° to 100°, and varying in time from thirty minutes to eight hours. The hot pack is of great value to the excited patients. The drip sheet, cold shower, hot and cold sponging to the spine, may all be useful to those suffering from depression or melancholia. Indeed, while I have great faith in massage and hydrotherapy, I am inclined to think that in a number of cases the patient is as much relieved by the psychic effect of the treatment as by its physical effect.

Nourishment and elimination are of great importance and should demand earnest attention from the nurse. If the patient is resistive or refuses food from inattention, delusions of poisoning, or a disposition to oppose, nourishment may be given by spoon or with the feeding cup at least every two hours. Rectal feeding is often successful, as the embarrassment resulting from that procedure will often induce the patient to eat.

Patients are often received with a history of no food for several days. When the friends are questioned about the diet, the reply may be, "We did not offer her solid food as she could not even take liquids." The patient, when given a meal, may eat ravenously. Such a patient will assure you that she is not ill, and the fact that she is put on the same rations as the convalescents is often very gratifying to her.

The eliminations must be carefully noted; I have known patients who would retain the urine for twenty-four hours, if not catheterized,—the retention being due to delusions. Careful attention should be given the bowels. Every excited patient is more excited when constipated, so is every depressed patient more depressed. The patient who is untidy in her habits is another who requires careful attention. I know it to be a positive fact that any patient who is not bed-ridden, or who can be lifted from the bed to the comfortable bedside commode, can be cared for without untidiness, and I deem it an error in nursing attention to

allow the patient who is up and about the wards to soil clothing or bedding. This action is sometimes deliberate, but more often is due to extreme restlessness or inattention. The patient should be taken to stool every two hours, daily, and whenever awake at night. If a laxative has been given the preceding evening, more frequent visits will save embarrassment for the patient, and trouble for the nurse, beside avoiding discomfort to others.

In regard to hygiene, the mental case will be greatly benefited by out-door air. In a sanitarium of sixty or seventy patients, only one was considered too ill to be carried out of doors and placed on a couch, or in a hammock. Of course in cold weather great care must be taken that the patient is warmly dressed and well covered with blankets. A hot water bag will add comfort. The patient who is cold, or wet, or otherwise uncomfortable will manifest her condition, not always by requests, but by noise and restlessness. Beside the benefit of the good fresh air, the change and diversion have a tendency to change the train of thought. If the patient is quiet and comfortable, her meals can as well be served in the open air as in her bedroom.

Another class of patients not always given proper consideration by the nurse is that afflicted with the habit of masturbation. How often one will hear from a pupil nurse in regard to a woman with such a habit,—“She is filthy in her habits, she is so repulsive I cannot bear to touch her.” To me this patient ranks with the typhoid or surgical case. Daily and hourly the patient is undermining her health, and oftentimes does not understand her danger. The early impressions of the child are no doubt responsible for this condition, and I fear that often the harm is done by sexual relations of the parents during pregnancy, and why not abnormal mental as well as physical conditions of the new-born? Is this poor unfortunate to be scorned by the nursing profession,—the one class of women who willingly devote themselves to the care of suffering humanity? Shall they refuse to look upon her with sympathy? Every effort should be made to correct these habits; the patient should be talked to and instructed, confidentially, of course. I always say to such a patient, “I shall have to tell the medical director of your condition, but no one else need know.” The fact that even one member of the staff knows of her weakness is often instrumental in checking the habit. The patient should be under constant observation, and every effort made to remove sexual thoughts and to substitute healthy, normal thoughts. Reading, cards, music, croquet, checkers, and sewing are all healthful occupations and every effort should be made to direct to these the mind of the patient who is sexually inclined. There

is also with such patients the possibility of some local irritation which should be looked after and reported.

In general, there is nothing I more strongly condemn than untruthfulness in a sane person, but there are occasions when the welfare of the patient seems to require a certain amount of prevarication. But unless it can be done with judgment, it had better not be attempted. To illustrate,—a paranoiac, who was a bundle of delusions, refused for weeks to eat white, or "Irish" potatoes, fearing that by doing so she would cause harm to a nurse whom she liked, who was of Irish descent. On discovering this, the nurse assured her that she was Scotch, not Irish, when the patient exclaimed with relief, "I'm glad, I'm nearly starved for potatoes."

One suggestion I have to give in regard to hydrotherapy. It may be necessary for the nurse to sit by the bed or tub to give the patient proper attention, and the bedside of a patient is a convenient place for nurses to congregate and visit. Don't, I beg of you, gather there to talk over symptoms and cases, for the conversation is often as interesting to the patient as to the speakers, with the result that she may be deprived of needed rest or sleep.

And now a word as to the training of the mental nurse. The majority of hospitals for the insane have good schools, but a few are still satisfied with the so-called attendant. Nurses should be taught anatomy, physiology, bacteriology, hydrotherapy, massage, materia medica, and beside these, early in their training, how to observe symptoms,—gait, speech, pupils, reflexes, delusions, illusions, hallucinations, memory, and the like. There is no more interesting work, no more interesting study than this nursing care of the insane. The time is past when the mental nurse is willing to be or should be classed as an attendant, to sit or stand like a sentinel on guard duty, waiting to receive orders. And the time will come, not in the far distance, when she will hear the words, "Well done, good and faithful servant."

THE anti-tuberculosis movement was started in Hungary in 1894, and in 1898 there were five institutions for the treatment of consumption. To-day the campaign is encouraged and financed by the government, and over 200 different agencies are engaged in the fight. A permanent tuberculosis museum has been established at Budapest and a carefully conducted campaign of education is being carried on.

NURSING IN NERVOUS DISEASES

FIRST PAPER

THE TEACHING IN NEUROLOGICAL HOSPITALS

By JOSEPH COLLINS, M.D.

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ASIDE from the acute diseases depending upon infection and upon accidental occurrences, the bulk of disease that nurses are called upon to aid physicians in overcoming is made up of nervous diseases or of disorders of nutrition, masquerading as nervous diseases. If they ask themselves what their training has been to fit them for such task, they will be embarrassed on appreciating that they have had very little. Their training has been largely with acute diseases; and if with chronic diseases at all it has been almost entirely in the administration of medicine, and the desultory utilization of water and electricity. The writer does not speak from hearsay in this matter, but from the standpoint of one who has been intimately connected with two large general hospitals, with which flourishing training schools are connected.

The successful treatment of nervous diseases depends in a very small measure upon the administration of medicines. It does depend, however, largely upon three factors. These are: 1. Discipline. 2. Utilization of physical measures that are known to influence constructive metabolism, such as water, electricity, massage, heat, exercise, rest, occupation, etc. 3. The point of view, or what may be called learning to see straight. In other words, teach the unfortunate individual who has become ill to see himself and his disorder in the right light and in the right proportion to his environment.

Physicians who have been interested in the treatment of nervous diseases have found that the successful handling of them has often been most difficult because of their inability to secure the services and co-operation of the members of the nursing profession. When a nurse is asked to go to a patient suffering from some nervous or mental disease that is not so profound as to call for admittance to an asylum, and is asked to apply her knowledge to such purpose that it would accomplish the three indications spoken of above, it has been found that no matter how willing she is to co-operate, or how remarkable her native talents are, unless she has had training or experience, it is impossible for her

to do her work creditably or properly to co-operate with the physician. Heretofore it has been necessary to give such nurses the kind of training which is requisite for nervous patients, personally. This has been a difficult and protracted procedure and consequently few have been properly trained, that is, few have attached themselves to the physicians from whom they could have gotten this particular training. This neurological hospital aims to provide for nurses who have had the discipline and instruction of a regular course in some training school a course of graduate work, which, earnestly discharged, will give a look-in to some of the mysteries of nervous diseases and a familiarity with the measures that are utilized in their treatment.

Certain qualities are essential in a nurse who takes care of so-called nervous patients. Some of them may be acquired and others are inborn. Those that are acquired, however, are of greater importance than those that are inherited. To carry out orders scrupulously and meticulously, with manifest pleasure in doing them, or a joy of accomplishing; a combination of tact and mandatoriness; an ability to keep the patients from talking about their ailment and to dispel the atmosphere of invalidism, are qualities which any well-balanced woman can acquire.

A nurse who aspires to discharge her obligations to patients sick with nervous diseases must know how to use the agencies that successfully combat such disease. To know how to apply them she must be taught to do so under expert guides, no amount of instructions from books will suffice; she must do them herself, her own experience guiding her own hands. It is not the diseases that she must learn to treat, but the patient, as well, and oftentimes success will attend her efforts if she devotes herself to the latter and includes the former. Each patient must be individualized. It is no more possible to treat every patient suffering with the disease neurasthenia in a stereotyped way than it is for the surgeon to treat every case of gangrene in a uniform way. Individualization is the master word in neurological therapy.

During the past generation there has been a remarkable change in our attitude towards nervous diseases. The change is still going on. They are no longer looked upon as imaginary ailments or manifestations of puerility. They are no longer considered calamitous ancillæ of morbid whims and tendencies; they are not interpreted as "hysterical" manifestations; that is, manifestations which could be suppressed if the individual exercises an appropriate will power; they are no longer considered unprofitable to study or intractable to treat. The therapy of nervous diseases in a few years has been put on a firmer and more scientific foundation than the therapy of any other disease save the acute

infections. It is this therapy that we look to nurses to apply. Since time immemorial certain agencies have been used in the successful treatment of all diseases. These are water, light, heat, air, diet, massage, exercise, rest, etc. A measure, at least, of the success that attended the treatment at the Asklepiian Temples is legitimately to be attributed to the use of these measures in them. Nowadays we aim to apply such measures in a scientific way and you will see that patients who are given hydriatic treatment, electrical treatment, massage, etc., are subject to examination with instruments of precision before and after the treatment in order that it may be determined what bodily changes evidenced by alteration in pulse, blood-pressure, temperature, and respiration take place.

The application of water to the cure of nervous diseases is very important. It is not only necessary to learn to give a tonic bath, an eliminative bath, a half bath followed by effusion, a salt rub, but it is necessary to learn how to give dry and wet packs, dripping sheets, splash baths, and irrigations of all sorts; and to learn what the effects of such applications are. If a nurse is instructed to give a patient a tonic bath, or a half bath, followed by ablutions, and that patient leaves the bath-room without evidences of reaction and afterwards feels like yawning constantly and is depressed, she may know that the bath has not been given properly. Your knowledge of the effects of the baths must be such as to permit you to form a judgment of whether or not they are accomplishing their purpose. The only way to acquire this knowledge is to apply the mind and the senses. In the vast majority of instances the physician who orders such treatment is not on the spot when it is done, he can only judge of the results, by the more or less remote effects it has. The nurse is there and her observation of the effects may be of the greatest importance to him in deciding whether or not they should be continued and to what modifications they should be subjected.

What has been said about hydriatic procedure may be repeated with certain modification for all mechanical treatment that is utilized in the care of nervous diseases. Let us consider the procedure known as massage. There is no reason why any nurse should not give her patient the requisite amount of massage, save in very few instances. For the nurse the exercise would be most beneficial, for the patient the ministration might be so. But in order to give massage to its proper advantage she must have some idea of what she is attempting to accomplish with it, whether it is given to soothe, to stimulate, or to improve local or general nutrition. If this is taken in lieu of exercise, as it is by many indolent people, then an official masseur should be employed. I have

often been embarrassed and humiliated in my attempts to carry out treatment of nervous patients by the number of persons that I have been obliged to send to the patients—a nurse, a masseur, a hydriatist, an individual to give electrical treatment, another to give exercise, etc. I maintain that the nurse should know how to do all these things herself, and it is for a composite nurse, the nurse and trainer, the nurse, trainer and educator, that I appeal.

Consider the subject of occupation, exercise, and recreation, and inquire what training the nurse has had in her regular course to fit her for the utilization of any of these measures. She may have had some instruction in breathing exercises and she may have been taught in her high school days some simple calisthenics, but if she is asked to give her patient a half hour's exercise with the medicine ball, or fifteen minutes calisthenics, or ten minutes resistance exercise, or if she is asked to devise ways and means for diverting the patient with quoits, rings, tether tennis, folk dancing or fancy dancing,—all of which can be done in the patient's home,—she is immediately at sea. The same may be said of simple occupations such as clay modelling, basket making, brass hammering, etc. I do not mean to say that the nurse should be an expert at any of these occupations. She should be taught as much of these things as she will require satisfactorily to care for nervous patients. While she is learning this she should learn also what nervous diseases stand for and gain some insight into those who manifest such diseases.

The majority of nervous diseases flow out of conditions which operating upon the average normal individual produce little effect. Acting upon an individual who has been handicapped by nature it produces all sorts of symptoms; these "all sorts of symptoms" constitute the bulk of nervous diseases. Some individuals are born with a tendency to gout, some with a tendency to infectious and parasitic diseases, such as tuberculosis and cancer, and in just the same way some are so unfortunate as to be born with a tendency to be nervous. They are endowed fundamentally with a limited supply of nervous energy and when stress and strain come their capital is readily exhausted. They are like ships that go out to sea with ballast that is adequate to keep them afloat when the seas are calm and the weather fine, but when the sea becomes angry and the elements turbulent, the ship tosses about very much as if there were no ballast at all in it. It is when the human ship begins to toss about this way that the nurse is sent for and asked to be the ballast. She will be more successful if she realizes what the neuropathic constitution is and what some of its possibilities are. She will find that the most essential thing that she can bring into the treatment of such a

case is the capacity to effect discipline. Now discipline is not used here in the conventional sense, or in the nursery sense. Discipline for nurses consists in conformation to a scheduled routine and conforming to it punctually and heartily. Perhaps the last named is really the most important in discipline. To do things they have to do as if they had pleasure in doing them and really liked them, is the goal to be attained. It is said that a large part of the benefit following any cure at such a place as Carlsbad, for instance, is dependent upon the limitation of diet, the regularity with which exercise is taken, conformation to the custom of going to bed and rising at a certain hour, cessation of indulgence in certain habits such as drinking and smoking, etc. And this explanation is quite true. It is also what we mean to convey by the word discipline. To have to undress and rest in bed at a certain hour, to have to take exercise from a certain time to a certain time, to have to bathe, eat, drink, walk, sleep at a certain definite time, and for so long, is one of the most essential elements of discipline for nervous patients and one of the factors in the treatment out of which most benefit flows. When the nurse leaves the hospital and goes into households where she will be expected to carry this into operation, she will find in many instances that it is the most difficult thing she will have to do. So few persons have that capacity to do things in an orderly way. When they are ill, what little vestige of orderliness they have had in their lives completely disappears.

Perhaps in reality the most important duty that nurses for nervous patients have is an educational one. They must teach the point of view; they must themselves be imbued with some philosophy of life which teaches that life is worth living just in proportion as we can be happy and efficient ourselves and contribute to the happiness and efficiency of others. They must have a deep realization of the fact that happiness and efficiency have very little relationship to material possession, but that they stand in direct relationship to health and sanity, and to the point of view. They must know that optimism is an asset which it is essential that every one shall have. They must be deeply imbued with the fact that the majority of human beings are dependent upon some form of moral or religious support, which is inborn and acquired; when they lose connection with it they are like a ship that has lost its rudder. Finally they must realize that so-called individuals are individuals only in an extremely narrow and limited sense, that in reality they are a part of one great organization. They must be taught that they therefore owe a duty to their fellowmen of which the community is made up, and if they do not discharge this duty they can

neither be well, happy nor efficient. No nurse can possibly realize what is meant by teaching the point of view, unless she approach the matter with an interrogation—namely, what is the object and aim of life and what is its meaning? What is the object and aim of life and its meaning for the person who devotes herself to the nursing of the sick? She should ask herself if her ambition is realized when she sees the evidence of disease dispelled. Illness chastens the spirit and adds depth to the soul. It gives the victim an opportunity of seeing more deeply into the mysteries of life and gives him time to cogitate on the meaning of life. Those who stand as witnesses to this cogitation have opportunities of participating in it without themselves experiencing the illness.

THE NURSE AS THE MOTHER'S AID IN TEACHING THE CHILD THE PROBLEMS OF SEX *

By ANNA ROSS LAPHAM, M.D.

THE province of this paper is not the discussion in the concrete of the lessons which it is necessary to teach growing children, concerning the miracle which we call "The Origin of Life," and the twin mystery, sex. Rather are we to consider the relationship existing between the trained nurse on the one hand, and the patient or the mother of the family on the other.

For generations it has been the popular belief among parents that it was improper to teach boys and girls certain physiological facts concerning themselves, under the mistaken impression that ignorance is innocence. That this is not true is the experience of every physician and nurse; the experience of every one who has to do with juvenile court work, or humanitarian projects of any kind. It is impossible to keep children ignorant of sexual matters; and if these lessons are not taught in a refined manner in the home, they will be learned on the streets or playgrounds from other children; and subjects which should be considered sacred, and discussed only in a serious, reverent manner will be jested about and treated as something vile and vulgar.

The child who is compelled to receive second-hand information upon the origin of life, and the legitimate functions of the sexual organs, instead of being uplifted and benefited by a proper self knowledge,

* Read before the Chicago Superintendents' Society.

will be degraded by false impressions regarding sexual phenomena. It is the inalienable right of every human being to receive such information as is needed to protect himself against an unseen, unsuspected danger.

If a blindfolded man were walking straight toward the brink of a precipice, of whose existence he was unaware, and if you were standing near with clear-sighted eyes and failed to warn him of his danger, do you doubt for one moment that in the sight of God you would be guilty of criminal negligence if the unwarned blind man went on to his death? To this extent we are all our brother's keeper.

When a man and woman have been blessed with parenthood the Creator has placed upon them an obligation more sacred and binding than any imposed by human law. The child is mentally and morally blindfolded and physically weak and helpless, and the undoubted duty of his parents is to develop his threefold nature into perfect childhood, and help him past the dangers incident to puberty, into self-reliant, respected, adult life.

If parents universally appreciated the necessity of fulfilling their obligations to their children there would be no occasion for such a thesis as this one; but an unfortunately large number of fathers and mothers, through a mistaken sense of delicacy, or from a selfish disregard of an unpleasant duty, refrain from imparting those lessons of self knowledge. It is because parents, especially mothers, refuse to consider their children in any other light than as innocent babies who ought to be shielded from all knowledge of evil and sin, that our hospitals are full of innocent victims of venereal infection; that the insane asylums are peopled with victims of vicious habits contracted during early youth; that our divorce courts are grinding out divorces at such a rate that our divorce laws are a by-word among civilized peoples; that the brothels are filled with girls not out of their teens—daughters of highly respected families, whose parents preferred to ignore danger, rather than shield their child against it. Small wonder that children so neglected grow up with little reverence for parents, despising the holy state of marriage, refusing in their turn to accept the responsibilities of parenthood, unknowing and indifferent to the strictest laws of morality.

To the physician and the trained nurse more than to others comes the opportunity of helping parents acquire a clearer insight into their duty toward their young children, and because the need of such help is so urgent this opportunity is converted into a moral obligation. The

work of the physician and nurse is essentially humanitarian. Our patients expect of us, in addition to the service for which they pay in dollars and cents, sympathy and counsel in the troubles that daily beset them. The minister of the gospel, the physician, and the nurse are the official counsellors, confidants, and friends of the entire community. However, the trained nurse, because of the character of her work, her residence in the home of her patient for a considerable period, her femininity, her sympathy and her tact, receives in even larger measure than her co-laborers, the minister and physician, the confidences and appeals for help from her patient and her patient's family. Especially do these appeals for help come from conscientious mothers of growing children, who realize that their children need to be taught the vital truths concerning their bodies, who, realizing this duty, feel unqualified to act the part of teacher to their young children.

The nurse should be qualified to teach these mothers how to teach their children or, at the mother's earnest request, she should be able to bring the lessons down to language simple enough to satisfy the childish mind.

I do not advocate a promiscuous spread of instruction among children. On the contrary, I believe that such instruction should come from the mother or from specially qualified teachers, and if such lessons are to be taught in our public schools the sexes should most certainly be segregated. However, it is not only possible but most necessary for the nurse to take advantage of the regard in which she is held by her patient's family to urge upon the mother the necessity of properly training and educating her children, if that mother does not already appreciate her obligations. The problems confronting her are not the same in any two cases and her tact and knowledge of human nature will be taxed to the utmost.

One of the most frequent inquiries with which the nurse and mother are confronted comes with the advent of a new baby in the home. "Where did the baby come from?" If the child is under five the answer must of necessity be different from the one accorded a child of ten or twelve years. Whether it be heresy or not I cannot agree with those ultra-progressive teachers who insist that the child should be taught the *truth* in capital letters as soon as he is old enough to inquire. From experience in hundreds of homes I am sure that every child three years old, and many younger ones, ask the same question, "Mamma, where did you get the baby?" Are you sufficiently in accord with the "new thought" to believe there is anything to be gained by telling so young

a child the exact truth? In the first place the query is prompted by a passing curiosity which might have voiced itself in the question, "Where did you buy the strawberries?" Within a few days the baby is accepted as a matter of course and the question promptly forgotten, as it should be. In the second place, so young a child has not sufficient mental development to grasp the truth no matter how simply told, and truth wrongly interpreted is not truth but falsehood. Of the many answers accorded very young children there are two that are beautiful and satisfying to infant minds; they are the legends of the stork and the angel. I wonder if any of us would be so cruel as to deny to the tiny ones the existence of good old Santa Claus. That legend beautifies the early childhood of every boy and girl and is almost an integral part of that childhood. The legends of the stork and angel are just as beautiful and convincing as that of Santa Claus, and quite as justifiable when told to very young children.

Some parents have consciences which forbid these harmless fictions and tell the little ones they are too young to understand, but when older they shall receive a proper explanation. Such an answer might suffice a few children, but I believe the average child would be stimulated by such a reply to further queries. Children need answers that are convincing to them; evasions only serve to whet their curiosity.

When a child has grown old enough to be observant of natural phenomena, such as the growth of plants and trees, that they have flowers and, later, seeds; when he has grown observant of change in his mother's figure, it is certainly time that the lesson of truth was taught, not in its entirety, but enough to answer such inquiries as a normal child would make. This will usually be when the child is from ten to twelve years of age, though there are frequent occasions when it would seem advisable to begin when the child is seven or eight. All depends upon the disposition of the child, his environment, and the attending circumstances. Neither can all children be taught alike. The explanation suited to one mind would not be acceptable to another, and especially must care be used not to shock the sensibilities of a shy, sensitive girl. Neither is it wise to teach the lesson to two children at the same time; they will surely discuss the problem when alone from an unexpected viewpoint; and above all it is necessary to guard the child against discussing the problems of birth and sex promiscuously with other children. He should be encouraged to come to the mother or father for an answer to any question that may arise to perplex him, and that answer should be honestly and simply given.

For children who are shy and reserved, as well as for mothers who feel their unfitness as teachers, the nurse can conscientiously recommend such books as "What a Young Boy Should Know," and "What a Young Girl Should Know," by Rev. Sylvanus Stall; "Personal Information for Boys," "Personal Information for Girls," by Ernest Edwards; "Child Confidence Rewarded," "Teaching the Truth," "Almost a Man," "Almost a Woman," by Dr. Mary Wood-Allen. These books are not all that one could wish, but they are all simply and truthfully written, and contain most of the lessons a child should learn of the problems of life and sex. They begin with the development of plant life and carry the analogy into the development of fishes, birds, animals, and human beings. When placing one of them in the hands of the child for reading, the mother should say to her little daughter or son, "When you have read this book come to me, and I will explain anything you do not understand."

I would impress upon you and in turn urge you to impress upon mothers the necessity for the most unlimited sympathy and confidence between mother and child. It is the mother's part to court the confidence of the child, and if this confidence is not given it is high time for the mother to search her own heart for the reason therefor.

If the problems of life and sex have been discussed between mother and child, it becomes an easy matter for them to later take up the subject of puberty without embarrassment, and the child can be prepared for this most important event of his early life. And if he is forewarned concerning the evil habits that children sometimes acquire through ignorance, and the dire results of such habits, he will be forearmed against such mistakes and the chances are greatly in favor of his remaining innocent and pure. The age of puberty is not generally recognized by the laity as it should be,—as the most critical period in the life of the boy and girl; the time when they need the tenderest, watchful care, the most loving guidance lest their feet should stray unto paths that lead to mental and moral ruin.

Both mother and child should know that in addition to the establishment of the menses in girls, or the change of voice in boys, and the changes in the physical form of both, the most vital changes with which nature endows the transition from childhood into adolescence, are psychological rather than physiological. They should know that the feeling of vague unrest, irritability of temper, unaccountable fits of the blues, intense longing for sympathy and love, shyness in the presence of members of the opposite sex, and the thousand and one other changes

in the disposition of the child are all symptoms of the great cataclysm through which the child is passing, and merit not reproof and punishment but rather love and sympathy. The failure of parents to appreciate the meaning of these symptoms may lead to dire consequences physically, as well as mentally and morally.

The average boy or girl at the age of puberty is a pupil in a preparatory or high school, where often no provision is made for even ordinary care of health. In some high schools the class-rooms are located on two or three floors, and the pupils are required to ascend and descend stairs with every recitation. In the course of a school day a growing girl with delicate spine and sensitive nervous system must ascend or descend twenty-four flights of stairs. Do you wonder at the number of invalids among young women? The short recess at noon for luncheon necessitates a cold meal of improper or insufficient food, resulting in indigestion, anæmia, or chlorosis.

The unchaperoned association of the boys and girls during the study periods and after school hours gives ample opportunity for the stimulation of budding passions, resulting in an alarming amount of immorality. The truth of this statement is witnessed by every juvenile court officer, by the matrons of homes for delinquent girls, by every one who is in any way trying to help fallen women.

Another evil to which I must refer in connection with puberty is masturbation. The habit is more frequently met with in boys than girls, though the latter are not exempt. The habit is frequently contracted at a very early age, long before the child can realize what he is doing. It is usually abandoned after adult life, but when persisted in is really a disease. Every large school, especially boarding schools, are hot-beds for this vice, unless the most rigid discipline is maintained. Children teach it to each other without the slightest idea of its consequences. The victims of this habit cannot be told by their hang-dog look as is popularly supposed. For centuries this has been the common belief but it has no foundation in fact. Unless the culprit is fully aware that what he is doing is wrong, or is afraid that some one suspects him, he may hold up his head as proudly as any one. The baneful effects of this habit cannot be too strongly impressed upon children and their parents. It is a loathsome habit in itself, and if persisted in will most certainly injure the general health, wreck the nervous system, and end in incurable insanity. In children this vice can be cured if taken in time, by careful attention to diet and bowels, circumcision, and removal from vicious companionship. But how much better that

the child should be properly instructed before he takes his first false step rather than after he has acquired this vile habit. The persons who most need teaching are the fathers and mothers, that they in their turn may lovingly guide and direct their children, and be what God intended them to be; not irresponsible procreators of offspring, but their children's counsellors, companions, and friends.

A great wrong is daily committed by ambitious parents of bright boys and girls, that of compelling a child whose physical forces are weakened by the physiological changes which are taking place within his body at the age of puberty, to add to an already great burden the extra weight of vocal or music lessons, or any other accomplishment requiring long hours of application and study. Instead, the child should be given every opportunity for outdoor exercise and recreation, and at least nine or ten hours of sleep in cool, well-ventilated apartments. Under the latter conditions there will be much less danger of chorea, nervous breakdown, or the insanity of puberty.

The need for such service as you can give is urgent, the opportunity lies at your hand, the gratitude of a generation of clean-lived, healthy, happy people shall be your reward.

TUBERCULOSIS is being fought even in Northern Korea, according to a recent report from Dr. Edwin M. Kent, received by the Methodist Board of Foreign Missions. Dr. Kent, who is a medical missionary stationed at Haiju, says that since he established a dispensary at the little hospital in that city, the people of the entire community are leaving their doors open at night, for few of the houses have windows. The native attendants at the hospital are now so accustomed to the regular instructions about fresh air that they call this sort of advice "yeggy," and at a sign from the doctor will dispense volumes of it to the unsuspecting sufferer. Such has become the hospital's reputation for fresh air advice that a native living in Haiju expressed himself as only waiting for warm weather before going to the hospital, "for," said he, "the doctor will urge me to leave the door open and that is very hard in cold weather."

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of National Committee on Red Cross Nursing Service

THE Red Cross badges have been numbered consecutively since the first one was issued after the reorganization of the Red Cross in 1905. We have just sent out No. 1163 and hope soon to pass the 1200 mark.

The National Committee on Red Cross Nursing Service is most anxious to secure a complete list of nurses enrolled previous to January 1, 1910, and urgently requests all those having a badge bearing a number below 950 to communicate with the chairman of the national committee. Kindly give name in full, address, number of badge, name of place where enrolled, and approximate date of enrolment.

Copies of the *Red Cross Bulletin* will, in the future, be sent to all members of state and local committees, and in making up the mailing list we find that we already have nearly 300 nurses serving on Red Cross committees.

The *Bulletin* will also be sent free of charge to any enrolled Red Cross nurse who may desire it. Written requests for the same should be sent to the chairman of the National Committee of Red Cross Nursing Service, Washington, D. C.

In a report recently received of a meeting of the Spanish-American War nurses, the following appeal was made by their president, Mrs. Harriet C. Lounsbery, who is also a member of the National Committee on Red Cross Nursing Service: "Can we not, as a body, send to the National Red Cross our hearty endorsement and in our several states enroll for work under the banner which we all reverence for the country we all love? I have been much gratified to notice that many of our members are on state committees; can we not all put ourselves once more in touch with the Government for whom we once worked so willingly?" As a result of this appeal the following resolution was adopted by the Spanish-American War nurses: "That this society is heartily in sympathy with the work of the American Red Cross and it is the sense of this meeting that all Spanish-American War nurses not already members of the Red Cross should be urged to join through their several states."

At the last meeting of the national committee, the rule governing the appointment of local committees was modified to read as follows: **To appoint annually on local committees for the enrolment of nurses not less than five nor more than ten nurses who are members of organizations affiliated with the Nurses' Associated Alumnae, and these organizations shall be invited to submit nominations for local committees, and it is desirable that these candidates shall be themselves enrolled nurses. Unless other changes become necessary it is desirable that at least a majority of the members of all local committees be reappointed annually.**

It was also the judgment of the national committee that enrolment should not be restricted to those able to respond to a call for active service, but might be made to include those who could only assist in the work of organization or administration.

Nurses are urged to co-operate in the prevention of the improper use of the Red Cross emblem. The Red Cross is now protected by law, and its unlawful use may be punishable by a fine of \$500.00 and imprisonment for one year. Unfortunately some companies and individuals had acquired a right to the use of the Red Cross before the enactment of the law, but the extension of its use may be prevented.

Inquiry has been received from various sources concerning the relation of the National Volunteer Emergency Service to the American Red Cross—and there seems to have been more or less misunderstanding on the part of nurses in regard to the status of this organization. The National Volunteer Emergency Service has absolutely no authority either from the Red Cross or the Medical Department of the Army to conduct classes in First Aid, nor are they authorized by them to render service in the event of war or at any other time. If enrolled Red Cross nurses join classes conducted by the National Volunteer Emergency Service, they must do so as individuals and not as Red Cross nurses, nor as members of the Red Cross, and should not wear the Red Cross brassard or badge at such times.

Special effort will be made through the Red Cross department of the *Journal* to keep nurses informed of the progress of Red Cross work throughout the country. All nurses interested, whether members of committees or not, are invited by the chairman of the national committee to communicate with her if they desire information on any points, or to give to her for publication any items concerning the Red Cross work in their localities which might be of general interest.

THE RED CROSS**By MARY E. GLADWIN**

Chairman Ohio State Committee on Red Cross Nursing Service

It is well nigh unbelievable that after these many years of civilization, Christian nations should look forward to war as possible or probable. It is appalling that a nation, such as ours, finds it necessary year after year to spend enormous sums of money in launching great battle-ships, money which would save hundreds of little lives which go out in the heat of summer time, money which would give hundreds of wasted men and women a chance to live happily and worthily. But, however much we may sorrow that the teachings of the Prince of Peace have been of so little avail, we are bound to listen when wise and careful leaders of men declare that war is sure to come in this generation,—bound not only to listen but to act.

As nurses in the Associated Alumnae we are under a solemn obligation and we have obtained a great and most desirable privilege. The world has never seen such a splendidly organized body of well-trained women workers as we can have and mean to have in a few years. It is true that there is now no danger of our repeating the mistakes and confusion of '98. The Red Cross itself is on a very different basis under most efficient leadership. Our national nursing committee is composed of women of great ability and experience, women whom we are proud to follow. We shall make mistakes, plenty of them, being human, but we must remember that the Red Cross is bigger than any or all of its workers. This is our first opportunity to show that as nurses we have been moved by that awakened public conscience which is slowly giving a new meaning to human brotherhood and which constitutes our great hope for the future of the race.

As, when the International Red Cross meets in Washington in 1912, we intend to show them the most perfectly organized emergency nursing force in the world, we must be up and doing. In our work, we have learned what service to humanity means. Who of us has not dreamed of following in the footsteps of our Lady of the Lamp? Who can say when and in what guise that opportunity may come? When the Crimean War broke out it found our Saint Florence, as Douglas Jerrold calls her, ready for her opportunity by reason of much thought, much study, and much hard work.

The lure of fife and drum, flying banners, and martial music may make us long to do worthy deeds, but only steady, persistent, whole-hearted work, based on the practical common-sense characteristic of this age, will bring us noble success when the need comes of our highest endeavor. So while we pray, "Give peace in our time, O Lord," it must not be said to our eternal disgrace that we were not ready if that prayer fail to be answered as we earnestly desire.

It is our Red Cross,—ours, with its great ideals and splendid achievements, ours to love and cherish and labor for. Let us remember that while the Red Cross desires to be ready for possible war, by the timely assistance given in all quarters of the globe, it is doing more than any other organization to bring about that noblest conception of any age—universal peace.

ITEMS

BUFFALO.—The second monthly meeting of the Buffalo Branch of the Red Cross Nursing Service was held at the home of Miss Bruce, 18 Ashland Avenue. All the members present enrolled for nursing service as well as becoming members of the American Red Cross. The February meeting was held at Miss Lindsay's apartment, 222 Caroline Street.

THE Italian government, on account of the number of tuberculosis cases among the Italian emigrants sent back from America, has appointed boards of examiners in the seaports, whose duty it is to report the arrival of tuberculous persons. These are then kept under observation in those places where they settle, to prevent further spread of the disease. The erection of new sanatoria and other tuberculosis institutions is being urged in Italy, and the number of beds for consumptives has been considerably increased in different places.

CONSUMPTIVES in Syria are treated to-day much in the same way as the lepers have been for the last 2000 years. Tuberculosis is a comparatively recent disease among the Arabs and Syrians, but so rapidly has it spread that the natives are in great fear of it. Consequently when a member of a family is known to have the disease, he is frequently cast out and compelled to die of exposure and want. A small hospital for consumptives has been opened at Beyrout under the direction of Dr. Mary P. Eddy.

NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

SCHISTOSOMUM JAPONICUM

By NINA D. GAGE

Yale Mission Hospital, Changsha, China

WITHIN the last few years a new animal parasite of man has been recognized more and more frequently as the cause of certain definite symptoms heretofore of obscure origin. The *Schistosomum japonicum* was first isolated by Dr. Katsurada in Japan in 1904, and has since been found in various parts of Japan, China, and the Philippine Islands. The worm is 10 mm. to 12 mm. in length, and is found in the blood-vessels of the portal system, especially in the mesenteric vessels. The eggs are found in the liver, lymphatic glands, and intestinal submucosa, often in enormous numbers, especially in the vermiform appendix. They may also sometimes be found in the lungs and brain. They are expelled in the fæces.

The clinical symptoms produced by these parasites are at first somewhat like those of malaria—chills, fever, general lassitude and apathy, and enlargement of the spleen and liver. Later come anæmia, diarrhœa with mucus and blood, and ascites. The temperature is generally subnormal in the daytime (97° F.), rising to 101°–102° F. in the evening. The chills and fever usually occur during the early morning hours, the patients sleeping fairly well until after midnight. Then after the chill they are very restless, often unable to stay in bed until the fever subsides, as it generally does by six or seven o'clock in the morning. The appetite is good, but after meals there is apt to be great discomfort, with flatulence and frequently vomiting. The slightest dietary indiscretion may produce marked increase in these symptoms. The bowels are very irregular, sometimes constipated, but usually with diarrhœa. The stools vary somewhat in appearance and consistency, but are usually copious, brown, not frothy, sour smelling, with here and

there streaks of blood-stained mucus. The bulk of the stool is made up of undigested vegetable matter. Defecation is generally preceded by considerable abdominal pain. The spleen and liver are enlarged, the patient often complaining of "a lump in his side"; sometimes these organs are tender on pressure. The abdomen is filled with ascitic fluid.

A differential examination of the blood shows a most interesting leucocyte count. A fairly typical one is: count of 300 leucocytes; polymorphonuclears, 61 per cent.; large mononuclears, 15 per cent.; small mononuclears, 7.5 per cent.; eosinophiles, 16.5 per cent.

The patients affected by *Schistosomum japonicum* are almost all those whose work keeps them for long periods in the water—boatmen, raftsmen, and workers in the padi fields. These men are often standing for hours in water up to their waists, thus exposing large areas of skin to the water. People of other occupations are very rarely infected. The most probable supposition thus seems to be that infection occurs through the abraded skin. In China and Japan both, the fields are fertilized by human excreta to such an extent that travelling is often unpleasant because of the odor. These fields often drain into the rivers, which also become contaminated in other ways. Thus the opportunities are excellent for the transmission of a disease which is caused by a parasite, the ova of which are passed in the stools.

Having penetrated the skin, the embryos, carried first by the lymph and then by the blood stream, will finally reach the organs for which they have a special predilection, and there begin to grow steadily. Infection of the liver causes a cirrhotic condition of that organ, with consequent enlargement of the spleen, chronic gastric catarrh and dyspeptic symptoms, irregular diarrhoea, ascites, and general malnutrition. The remaining symptoms of the disease,—mucus and blood in the stools, disturbed sleep and night fever, eosinophilia, and of course the presence of the ova in the faeces,—may be regarded as the more direct effects produced by the parasite itself.

Treatment thus far has necessarily been mainly symptomatic. No line of treatment has yet been found which will expel the worm, and its life history is not yet known; so that the most important factor in treatment at the present stage of knowledge of the parasite and its habits seems to be of a prophylactic nature, warning the patient of the sources of infection, and seeking to guard him from a fresh invasion of the parasites.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

A NURSING PAGEANT

MRS. FENWICK'S bounteous and unwearying brain has suggested a nursing masque or pageant which has been a wonderful and beautiful event, given on February 18, in support of the bill for registration of trained nurses now before Parliament. The description of it is so captivating that we give as much as our space will permit. Miss Mollett wrote the words for it, and they are very poetic.

"The masque will demonstrate that health is the *right* of life, that ignorance is primarily responsible for disease, that to get truth and knowledge is therefore an imperative duty.

"ORDER OUT OF CHAOS

"According to Ovid, at first the sea, the earth, and the heaven, which covers all things, were the only face of Nature throughout the whole universe, which men have called Chaos. To this discord God and bounteous Nature put an end.

"THE PROCESSION OF IMMORTALS

"After æons of time we will suppose that Hygeia, the Goddess of Health, visits the Earth, supported by the beneficent Elements, Earth, Air, Fire, and Water, the separation of which evolved Order out of Chaos. Following in her train will come the Spirit of Nursing, attended by the Attributes of Compassion and Kindness, Gentleness and Modesty, Courage and Patience, Devotion and Endurance.

"The Science of Nursing will follow, supported by Truth and Knowledge; with Truth will come Mental Purity and Moral Beauty; and Knowledge will have as her attendants Observation and Diligence, Understanding and Intellectual Discipline. These parts will be suitably personified and dressed.

"Hygeia, in the centre of the platform, will have the Elements grouped around her, and the Spirit of Nursing and the Science of Nursing with their Attributes to right and left.

"The Goddess will then speak the Prologue, and will demand that Order (in Nursing) be brought out of Chaos. She will show that the basic principle of her Sanitary Law is a sufficiency for all living beings of the fruits of the Earth, pure food, and clothing—of Air, the breath of life—of Fire, sunlight and warmth—of Water, cleanliness. How the deprivation of these elemental gifts of Nature results in degeneration and disease. Order, Nature's first Law, must therefore be enforced by organization. She will call upon the Spirit of Nursing for the result of her ministrations.

"The Spirit will recall how through all the ages her Attributes have spent themselves for the succor of Life, yet how Ignorance and the seven Deadly Sins have for ever obstructed Grace. The Goddess will then refer to Science, and will summon the Mortals to her Presence, so that she may listen to their Petitions.

"THE PROCESSION OF MORTALS

"1. Saintly Women and the Nursing Orders.

"2. The Nursing Curricula for Nurses and Matrons.

"3. Nursing and the Community. General and Special Nursing, Maternity, School, District, Private, Mission, Prison, Mental, Naval, and Military (including Male Nurses).

"4. The Registration Nursing Press. The National Journals—Great Britain and Ireland, Canada, Australasia, New Zealand, India, United States of America, Germany, Holland, Denmark, Finland, Belgium, etc.

"5. The Nursing Acts—South African States, New Zealand, 24 American States, Germany, Belgium, and Egypt.

"6. The Nursing Bills—Great Britain and Ireland, supported by eight affiliated societies, New South Wales and Victoria, Denmark and Finland.

"7. Having listened to the Petitions, the Goddess Hygeia will speak the Epilogue. She will unite the Spirit with the Science of Nursing. Hand in hand they will follow her in a reformed Procession foreshadowing

"8. Nursing, an organized Profession.

"THE ORGANIZING COMMITTEE

"The Matrons' Council organized Section 2, The Nursing Curricula, and the Procession was an imposing one.

"In Section 3, Miss Cox-Davies, Miss Musson, and Miss Barton took leading parts in connection with what has been done in general

hospitals and infirmaries. Miss H. L. Pearse presented the School Nursing Sub-Section, and Miss Amy Hughes was responsible for the history of District Nursing. With each sub-section the names of our honored pioneers were associated.

"Section 4. The Registration Nursing Press, which has played so prominent a part in securing legislation in many parts of the world, was in charge of Miss M. Breay.

"All the Acts and Bills had something to say of accomplishment, or reforms to be accomplished.

"Indeed, so much interest has been aroused amongst nurses in the possibilities of the Pageant that there is no reason why, once organized, such a spectacular presentment of the Evolution of Trained Nursing should not be given in Edinburgh and Dublin, and other populous cities."

The account of the costumes worn by the characters sounds most lovely. Sister Agnes is already planning to have the pageant repeated in Cologne, and the young doctors are keen to dress up as knights of the old nursing orders.

IN NEW ZEALAND HOSPITALS

KAI TIAKI for October discusses the new Act of 1909 as it relates to hospitals, trained nurses, and other women. The provisions of this Act make for progress in standardizing work and efficiency, and give an interesting glimpse of the future outlook from the other side of the world. The article says:

"The new Act for the government of public hospitals and charitable institutions, the distribution of charitable aid, and the establishment of private hospitals, which was passed by Parliament during the session of 1909, and which came into operation on 1st April, 1910, marks a new era in the management of all work connected with the proper provision for the care of the sick, the poor, and the aged.

"As nurses, our readers must be interested in these provisions, many of which open out new fields for the trained nurse. Perhaps one of the most important of the changes which have been brought about is the centralization of control, by making one united board responsible for the care of a whole district, instead of having entirely distinct boards for the government of the various institutions and charities which were established in the one district. One body of representatives, drawn from various parts of the district can survey the whole, and form an impartial decision as to the varying needs of the different parts of the district. This must in time lead to a more equitable distribution

of assistance throughout the country, and will prevent the establishment of unnecessary institutions, and at the same time guarantee that no part of the country will be left without the needed help, supplied according to the judgment of a responsible body which, owing to its component members, has the opportunity of comparing the needs of one part with another, and allocating expenditure fairly.

The Act lays down the kind and scope of institutions which may be established under the Hospital and Charitable Aid Boards in the following terms:

"*a.* A hospital or other institution for the reception or relief of persons requiring medical or surgical treatment, or suffering from any disease, whether infectious or no.

"*b.* A charitable institution for the reception or relief of children; or of aged, infirm, incurable, or destitute persons.

"*c.* A maternity home.

"*d.* A convalescent home.

"*e.* A sanatorium for the reception or relief of persons suffering from consumption or other disease.

"*f.* An institution for the reception of habitual inebriates.

"*g.* A reformatory institution for the reception of women or girls.

"*h.* An institution established for any other purpose which the Governor-in-Council declares to be a public charitable purpose within the provisions of the Act.

"The Act limits the power of the boards to establish new institutions, or add to old ones, by the proviso that no new institution shall be so established, or building erected, or structural addition or alteration costing more than £250 made to any building, unless previous notice in writing of the proposed establishment, erection, addition or alteration has been sent to the minister, and the consent in writing of the minister has been previously given. This gives power to the inspector general to exercise a supervision from a wider point of view than that possessed by the local board over the building of new, or extensions of old institutions.

"The duty of the board pointed out: To make adequate provision for persons suffering from disease, especially of infectious disease, and it is made incumbent on its boards to carry out their duty, as shown to them by the inspector-general.

"The boards are expected to act as local boards of health. It will be to their interests to see that the conditions throughout their districts are such as to promote the general health of the community, on the principle that prevention is better than cure.

"The appointments made by the boards; of medical officers and matrons, masters, and managers of institutions, are under a certain amount of control, in that no such appointment can be made until the expiration of twenty-one days after the minister has been notified of the intention to make such an appointment, unless the minister has previously approved of such appointment. The effect of this will be that in the case of nurses being appointed to the charge of hospitals, the registrar of nurses, who is also the inspector-general of hospitals, will have the opportunity of protesting against the appointment of one who has not proved herself efficient in her previous work. This must make for the gradual improvement of nursing standards. Nurses who are ambitious of obtaining positions of trust will endeavor to fit themselves for such positions, for they will realize that more than the ordinary training of a nurse is needed for one who will have to be both a nurse, an administrator, and trainer of other nurses. That their appointments will have to be subjected to the approval, or adverse comment of authorities who will have had the opportunity of watching their previous work, will prevent nurses lightly taking up new work for which they have not made an effort to qualify themselves.

"Another important provision is that under which the boards are empowered to 'Appoint such district nurses as they think fit, for the purpose of attending sick persons elsewhere than in an institution.' This provision is in the interests of the people in the back-blocks; the settlers in which are too far away to receive much benefit from the hospitals to which they have to contribute in the rates. It is only fair and just that the boards should be empowered to expend some of the funds thus collected, and on which government subsidy is paid, for the help and relief of the inhabitants of outlying parts of their districts. By another Bill shortly to come before Parliament, the hospital boards will also be given the duty of providing attendance of a doctor or midwife in confinement, for all women who are not in circumstances which render them easily independent of such help.

"Nurses must equip themselves with knowledge by the necessary training, to enable them to undertake the work which will inevitably come in their way when these enactments become law.

"For women who prefer the independence of working under public bodies for the poorer members of the community, rather than doing private nursing in the houses of the rich, these positions, in which a salary on which they can live, and have a surplus for the future, will be assured, will offer congenial and most interesting work. The

women to undertake this kind of work should be of the highest stamp, both in moral character and in professional ability. We hope that, when these measures for the help of those who need help are brought into force, the aid of the trained nurse so essential for success will not be lacking.

"A provision which greatly affects nurses during their training, and by its consequences their after work, is section 128, which deals with the hours of employment for nurses. This reads as follows:

"'In hospitals of over 100 beds, the hours of employment of uncertificated nurses shall not exceed 56 in any one week.'

"This was incorporated in a supplementary part of the Act, and was not in any way the doing of the promoters of the Bill, except in so far as it was a vast improvement and modification of the clause as first introduced by a private member of the House, from a mistaken sense of compassion for long hours of work (which we may say are unknown in New Zealand hospitals). The first clause included all nurses employed in hospitals, which meant private as well as public hospitals, and was an infringement on the rights of a body of professional women to regulate their own work, and brought them down to the status of people working in trades and factories. A vigorous protest from the Nurses' Association (as reported in previous numbers of the *Journal*), succeeded, with other means, and the representations of the Departmental head of the hospitals and registrar of nurses, in limiting the provision to the unqualified nurses in the large hospitals only. Why we say it affects nurses largely in their after work, is that they are not trained to the endurance necessary for private nursing, when long hours are often inevitable; and also that the strict limitation of their hours of work is apt to make them hurry unduly in finishing their duties, to the detriment of their careful performance.

"What greatly affects women in general, is that there is a special mention that under certain provisions any person, whether male or female, may be elected or appointed a member of a hospital and charitable aid board. This section, by specially drawing attention to the fact that women may be on a hospital board, has furthered their appointment to such offices. Such appointments were not interdicted by previous Acts, but simply had not been made. Women, of public spirit, and well-informed intelligence should here, as in other countries, prove most valuable coadjutors in this kind of work. The provision for the care of the sick and suffering seems to be, and undoubtedly should be, a work which should specially appeal to them, and in which their knowledge of domestic detail and management ought to prove of material

value in the management of the various institutions and in the framing of by-laws.

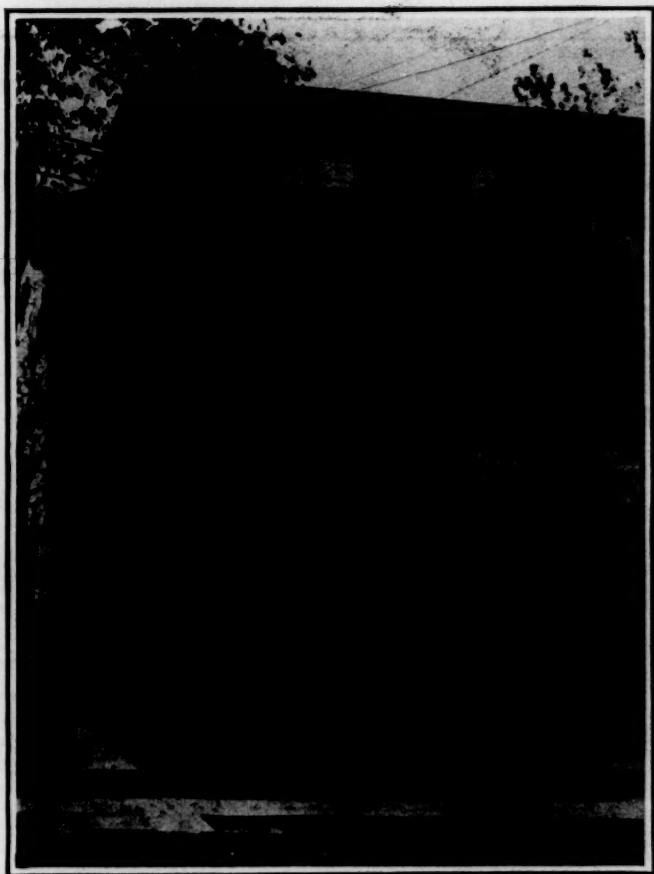
"The board also has power to form sub-committees, and to have on these committees persons not members of the board. This provision has been taken advantage of already, and various sub-committees with women as members have been set up, to visit and report on the different institutions. Women were also appointed on some of the boards at the first election under the new Act, and at subsequent elections it is probable more will be.

"Ex-nurses who are married, and have leisure, would be excellent members of boards; their knowledge of the conditions of life, which do not so often come under the observation of other women of leisure, should be of great value."

THE request of a nurse to hear the proceedings of a German conference on epilepsy will be answered next month.

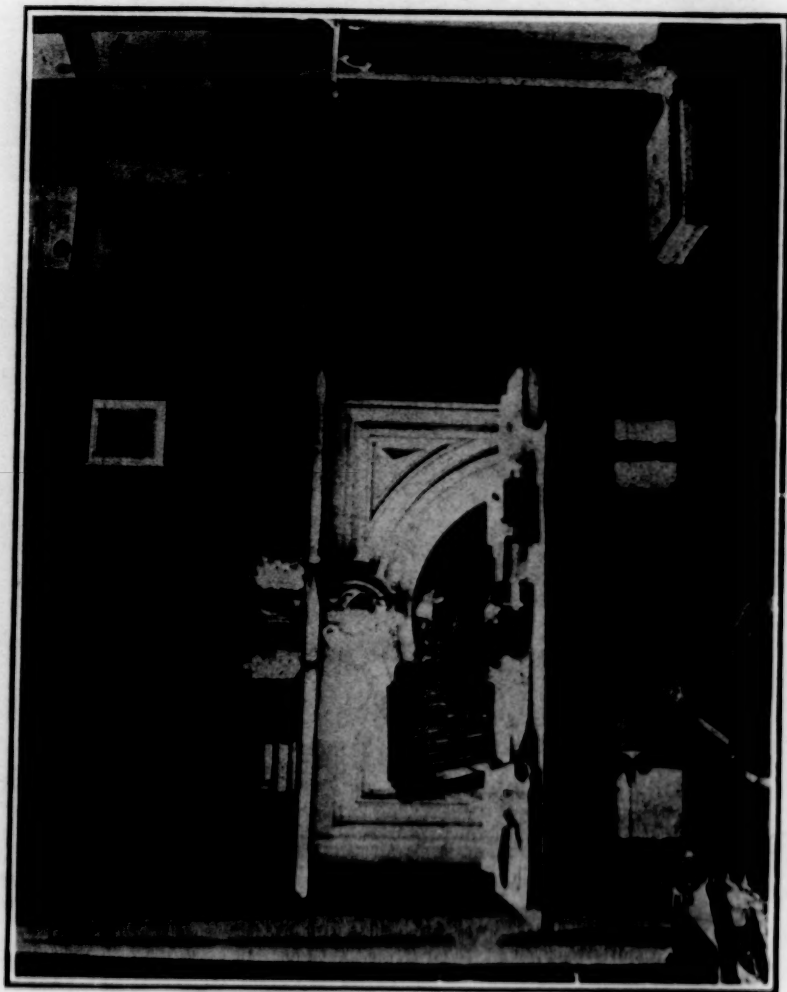
ASSOCIATIONS for the prevention of tuberculosis have been formed in Cuba, Porto Rico, and Trinidad. In Cuba there are over 40,000 deaths from tuberculosis every year, and the death-rate from this disease is nearly three times as high as in the United States. In Porto Rico there are over 6000 deaths every year out of 1,000,000 inhabitants. In Trinidad, the death-rate from tuberculosis in Port-of-Spain, the only place where figures are available, was 4.75 per 1000 in 1909, nearly three times the rate in New York City. Conditions in the other islands of the West Indies, where no active campaign against tuberculosis has been undertaken, are even worse. The chief reason for this high mortality is found in the unsanitary, dark, and poorly ventilated houses of the natives of the islands.

IN Denmark, the campaign against tuberculosis has been carried on systematically since 1895. The reporting of living cases of tuberculosis in Denmark has been more successful than in almost any other country of the world. The death-rate from pulmonary tuberculosis has fallen from 19.32 to 13.33 per 10,000 from 1895 to 1908. There is now one sanatorium for every 1244 inhabitants, and every tuberculosis patient is assured of treatment at a cost within reach of any one. The state pays three-fourths of the expense of treatment and the patient or his community the remaining fourth.



Courtesy of Martha J. Wilkinson, Superintendent of Visiting Nurses.

GURDON W. RUSSELL SETTLEMENT HOUSE FOR VISITING NURSES,
HARTFORD, CONN.



Courtesy of Martha J. Wilkinson, Superintendent of Nurses
OFFICE AND FIRST AID ROOM, GIBSON W. RUSSELL HOUSE

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.

SCHOOL NURSING IN ENGLAND

By MARGARET McMILLAN
Member of the School Board, Bradford, England

TO THE NURSES OF AMERICA, GREETING: Far away in Buckinghamshire, England, there is a mansion in a great park full of noble trees. From the outside the great rambling house looks plain enough, and not beautiful, but within there are vast rooms filled with things that have historic interest. The staircase, with its wide, low steps so wonderfully inlaid, is the work of Italian artist craftsmen who came hither long ago to execute it. This is Claydon House, the home of the Verneys. Florence Nightingale's sister was the wife of Sir Harry Verney, and for many years the queen of nurses used to spend a great part of her time here. In the hall is her marble bust given by the soldiers. Upstairs is the suite of rooms which bore her name. Here, in her declining days, she watched the sunset light fade behind the woodlands, and her influence is in every cottage home. It would be strange if Claydon House had no interest for nurses all over the world.

This home of beauty did not blot out from all who lived in it the vision of the world's sorrow. Florence Nightingale could hear through the whisper of stirred leaves, or the music of falling water in the quiet gardens, the groan of the wounded and dying in the field of battle; and the present lady of this home, one may add, has ears to hear the sob of anguish less remote, and even more hopeless. The present Lady Verney is one of our leading educationists, and she takes the keenest interest in the physical welfare of school children. What a rapid growth of consciousness we find in the people of to-day as compared with the people of fifty or sixty years ago. Formerly it was believed that the little aristocrat needed a nurse. Now we are all beginning to realize that all young creatures, the poor as well as the rich, need care. A laborer's baby is just as delicate as a princeling. He cannot "rough it" as is proved by the immense death-rate of infants in poor quarters. And yet there are myriads of priceless workers lost in this way every year; this wastage must cease. If every child cannot have a private

nurse, yet he may be helped by hospital and school and visiting nurses who are now in the arena.

It is of the school nurse alone that I will write here. She has made her advent, a little haltingly, in the trail of the school doctor. In England we have as yet, taking the country all over, hardly one nurse to every 25,000 children. In London there may be one to 7000 children, or thereabout. These thousands of little ones come for the most part from homes where no "help" is kept, and where mothers struggle single-handed, and often in some cases in bad health, to cope with the task of nurse, housemaid, cook, and even, it may be, bread-winner to a whole family. A great many of these mothers are, moreover, without any real training for the different kinds of work they undertake, and the results are now before us, thanks to the reports issued by the school doctors. In some areas 50 per cent. of the children need medical treatment, but a *much* larger number stand in dire need of the care a good nurse can give. Generally speaking, the poorer the area the more crying is the need for the school nurse.

"Well, what does the British school nurse do, now that she is appointed in some places?" you ask. In London her duties are pretty well defined. She tries to do the work of a home rather than a hospital nurse, and here I think the wisdom of the educative authority is seen. For even though we need hospital-trained nurses, yet it is well to remember that the school should be an extension, not of the hospital, but of the home. That at least is what many British educationists feel about the matter. And so the London school nurse does very much what a private nurse, or mother's help in the nursery, would do,—viz., she tries to see that the children are clean, that their hair is free from parasites, for example, and also of course that cases of infectious disease are reported and excluded at once.

Then, of course, there is home visiting to be done. This I know is a great feature of the work in some American towns, such as Boston. It is also done in Britain by the school nurse, but before considering it I will say a few words about another kind of nurse's work for school children.

In Deptford, one of the poorest areas of London, a school clinic has been started, and, though the staff is pretty large, including two doctors, a dentist, and a teacher, yet I think the nurse's work is perhaps the most arduous, and certainly not the least important of all. This clinic nurse does not visit homes. She does not even visit schools at all. She stands near a low chair for hours, a chair to which forty to sixty children pass in the course of an afternoon to receive treatment

from her deft and gentle hands. Thus busy and absorbed, she yet finds time to give a word of advice or warning to many an anxious parent who, it may be, has watched her treatment with eager eyes. At the end of an afternoon session our nurse is bright, rosy, and cheering to look upon, but her work has been very arduous and is very effective. In the course of the last five months, that is to say, since August last, when the schools reopened after the holidays, she has given daily treatment to hundreds of cases. The treatment of some of these cases lasted a week or two, and some four months! A great many of the children could not have been safely treated by an untrained nurse. Perhaps I may as well turn aside here to analyze roughly the nature of the cases.

There were some hundreds of children who were victims of "blight"—an eye disease which is highly infectious. It is originally, of course, the result of neglect. (It is said by many teachers that after the return of the hoppers from the Kent hop fields in autumn, blight is apt to break out in the schools of some of the poorest areas.) The treatment is the brushing of the inside of the lid with silver nitrate, and this has to be done very skilfully. In a few days the patient is cured of this painful eye disease. Then there is an army of eye patients who have to be treated for eye defects rather than eye diseases. Nurse has to put "drops" in, as we say, and in Deptford, at least, the name of these patients was legion. Over and above these are the ear cases that need regular syringing. Then there are the emergency cases,—for burns, etc., and all the sufferers from skin diseases. In the slums, where the wounds are not kept clean, the nurse often finds a serious state of affairs when the patient at last reaches the clinic. After observing her work for some weeks, I have come to the conclusion that to-day, while the number of patients is so large, this concentrative kind of work in the school clinic is necessary. At least it is needed in London.

The school nurse could hardly keep at this kind of work for five and six hours per day, without break or pause. There are a few school clinics of the kind I have described in Britain, but from nearly all of them the nurse goes out at stated times to do some home visiting. For example, at Dunfermline, where Mr. Andrew Carnegie has furnished a large school clinic at which hundreds of children are treated every week, the head nurse visits schools and homes, although I think not in the systematic way adopted by the school nursing staff at Boston. This kind of work takes a great deal of time, but, given the right kind of nurse, it is extraordinarily effective. The more depressed and down-trodden mothers suffer from every kind of disadvantage, but above all they are often very lonely and open to any offer of real friendship and

sympathy. They gather at their doors in the evening and try to find this sympathy by talking to the neighbors. In some cases the nurse comes as a delightful order of friend, bringing airs of a sunnier world, and full of new and helpful suggestions; and for the nurse herself it is certain that she often finds great happiness in the carrying out of her work as a real neighbor and friend to a woman who needs her.

Not very long ago I read an account given by Florence Nightingale of her work as a home nurse to the poor. What struck me first of all was that Miss Nightingale wished to give the children of this house all those essentials which the well-to-do enjoy. She wanted to have them well washed, for example, and so she gave the dirty child a good tubbing. Going to and fro in this poor home, what strong and fair thoughts filled the mind of the pioneer of modern nursing! Certain it is that the hours spent thus were hours of real life,—a life that few even to-day ever take hold of.

Still it is well to remember that some homes cannot be made into nurseries, and that for the present, at least, while this work is new, a communal nursery may be just as much wanted as a class-room.

The Bradford school clinic is the largest of all. It was opened almost on the day when the decision of Parliament was ratified by the admission of the principle of the school clinic in a Memorandum from our Central Board of Education; and as the Education Authority has organized its medical work very well, Bradford Clinic started as a very complete, up-to-date institution. It has now thirteen rooms, including a Röntgen ray room (for skin disease cases), an eye room, nurses' rooms, doctors' rooms, waiting-rooms, a room fitted up for the scientific examination of infectious disease, and a very charming nursery, with a fine hot water supply; here heads are shampooed and motherless children are properly taken care of. Thousands of children attend the clinic every year, and at stated times the mothers come also and are immensely illuminated and awakened. At first, many did not want to come, even when their children were very ill; now they sometimes come *before* they are ill, in order to get an opinion.

Bradford is the only city in England which has a fine system of school baths, as well as of dining-halls, and so it is easy for a doctor, not only to prescribe food and washing, and also fresh air, but to say how these are to be obtained. This clinic is worked almost like a school. It has its time table,—only diseases are put down for stated times instead of lessons; thus the doctors and nurses inspecting in schools know that ear cases must attend the clinic on Mondays, eyes on Tuesdays, skin cases Saturdays, and so on.

If the work of the clinic is the most concentrated of all, the visiting

of the homes is perhaps the most interesting. The school nurse belongs to a new order of things. She goes not into the homes of the rich, but of the very poor people, and her work is not bounded by the narrow horizon of a private family's interest (a family may or may not be grateful and intelligent), but by the wider sky line of public interest and the future of a young nation. President Lincoln's immortal words at Gettysburg must ring often in her ears as she remembers how she belongs to a new service that is advancing without the aid of precedent and moved by an inner impulse alone. All about her are the children still fading and falling in their thousands before the sun of life is well risen. The victims of consumption fall like sheaves before the reaper. Tens of thousands of dollars are spent annually on children who will never see their twenty-fifth birthday. Immigrants pour in from every land and the elementary laws of personal hygiene are quite unknown to many of them. This is true of London as well as America. London has schools where there is not a single English child and where only the teacher knows English well. Baths are as yet unknown, I am sorry to say, in London schools; we have to go on agitating for them; but in one school at least, that for "favus" cases, there is much head washing and poulticing, and the nurses worked so hard that in a year or two the school was shut up; the children, over 130 in number, were all cured; the whole area too was in a ferment; mothers had quite new views on the question of parasites. This was nurse's doing, literally her *doing*. How she worked! She is your true Froebelian, who believes that the young learn by *doing*, not by mere theorizing. She is here to change the habits of the new generation, to quicken in so doing the pace of that long, slow process we call evolution. The more one thinks of her, the more convinced is one that her work is more radically important than that of almost any other public servant.

In London there is an effort to supplement her work by means of care committees. These are voluntary workers appointed to look after the physical welfare of school children. It is too early as yet to make any pronouncement on the effect of their labors; I may, however, venture to say a few words on the nature and scope of the work of these voluntary bodies, all the more because in some American towns the feeding of school children is undertaken by committees of voluntary workers. The London Care Committee member is expected to undertake a great many duties—to visit homes, to advise as to ways and means of carrying out medical treatment, and questions of nutrition, etc. Doubtless there are many Care Committee members who do splendid work; still they work, mainly at least, as amateurs. Other bodies, more strenuous and above all more completely organized and profes-

sionally equipped, are needed in order to stem the tide of suffering in London. To begin with, the voluntary worker is at best to the poor what a mere visitor is to the well-to-do mother. The school nurse represents the bona fide private nurse of a well-to-do home. Visitors are often welcome; they are sometimes a godsend, they are often a bore. Private nurses are wanted in private families, school nurses are wanted for exactly the same reasons to serve the children of the poor. The school clinic is valuable only in so far as it is the nursery for the poor. Some American ladies—such as those on the Cincinnati committee—are organizing lunches; one cannot regard them as visitors, they are pioneers. And this is evident from the fact that they are anxious to place all their work on a much sounder basis than is at all practicable under present conditions.

Briefly, we may take it for granted that the health and nurture of a new generation is too grave a thing to be entrusted to private charity. It may be, and is to-day, necessary for private charity to proclaim for new nurture and care of the young, but philanthropy as we knew it in the past is no stopping place. The greatest service the philanthropic have done is to show why this is so, and how it cannot be otherwise.

And now I must bid farewell. So little I have seen of America, but how impressive that little has been. The old reformers were patriots. The Americans receive the pilgrims of all nations. The early nurses worked for the soldier. The latest toil also for those who face only the industrial warfare of the age. Sixty years ago nursing was a charitable work undertaken largely in the interest of men. Now physical care and tendance is regarded as the right of all the children of the land. Thus swiftly every noble thought takes root and springs up in this vast land, finding a thousand new applications and sweeping like a great light up the farther horizons. Surely human life will soon become more precious, and above all win a new spiritual significance and mental power, when suffering and all the waste it implies is dealt with in skilled and determined fashion. To the margin of the Red Sea of physical anguish go down America's battalions of trained nurses, and from the other side one of the mother land will watch them—and even perhaps emulate them—hearing also the Voice in the Darkness that never fails to cheer the brave,—“Speak unto the Children of Israel that they go forward.”

[Miss McMillan is a leading English educator, a member of the school board of Bradford, and was a strong advocate of and influential in passing the Children's Charter, a few years ago. She has recently been in this country lecturing on “The Feeding of School Children.” Those who heard her found her words illuminating and helpful.—Ed.]

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

ANTITYPHOID VACCINE.—F. F. Russell, M.D., in the *Boston Medical and Surgical Journal*, says that antityphoid vaccination is simple and harmless, and wherever used has reduced the incidence and mortality of typhoid and has long since passed the experimental stage. He thinks the time has come when its use should be extended. In 1588 inoculations there were no untoward results. It is expected that in the coming year these inoculations will be greatly extended, particularly among nurses and attendants on the sick.

TREATMENT OF CONSTIPATION BY PARAFFIN ENEMATA.—The *Medical Record*, quoting from a German journal, says: Lipowski's first paper on this subject appeared early in 1909. It was recognized that normal man can retain his fæces for two or three days without drying, while the constipated man exhibits the peculiarity of unnaturally dry fæces from the start. It therefore becomes possible to prevent this drying by enemata. Oil injections for this purpose were recommended by Fleiner in 1893. Its drawbacks are such as may be remedied by paraffin, which must be injected in the fluid state, after which the temperature of the body will serve to maintain it in the liquid form.

SPECIMENS OF GROWING ORGANS OUTSIDE OF THE BODY.—In a synopsis of the proceedings of the Practitioners' Society of New York, the *Medical Journal* says: Drs. Alexis Carrel and Montrose T. Burrows stated that a few weeks ago they had succeeded in cultivating outside of the body adult tissues of mammals and malignant tumors of fowl and man. The starting point of their researches was the work of Harrison on the embryonal tissue of the frog. They adapted his method to warm-blooded animals and used it for the cultivation of adult normal and pathological tissues. The experiments consisted of extirpating small fragments of tissues, of inoculating them aseptically into a plas-matic medium taken from the same animal and of sealing the materials in hollow glass slides. The slides were placed in an incubator, maintained at a constant temperature of 37°. The growth of the cells could,

therefore, be observed and the multiplication of the cells directly seen, during a period of time, with the microscope also kept at body temperature. Connective tissues, cartilage, peritoneum, bone-marrow and bone, skin, thyroid gland, spleen, suprarenal kidney, liver, ovary, testicle, etc., were cultivated successfully. They obtained also a second generation of cells from thyroid cells already grown outside of the body. A very malignant fowl sarcoma was caused to grow luxuriantly outside of the body. The rate of the growth might be very rapid. In one case the surface covered by the new cells eleven hours after the inoculation of the culture medium, was fifteen times larger than the area of the primitive fragments. It had been also possible to cultivate fragments of a human sarcoma, so one might be able to study *in vitro* the growth of the various human malignant tumors.

THE ARTIFICIAL LEECH IN ACUTE MASTOIDITIS.—In a paper read at the annual meeting of the Southern Medical Association, Dr. U. S. Bird, of Tampa, Florida, said that his experience included some nine cases. Clinically they were all instances of typical acute mastoid infection, middle ear disease, raise of temperature, mastoid swelling, and pain. In every case the middle ear had been freely opened without relief. In all of the cases operation seemed probable and in one case the patient was sent to a hospital for that purpose. In some patients heat was used, but in most it was unnecessary after the leech. Calomel was given at first as a routine measure. An improvement was noted at varying intervals after leeching. In every case relief was permanent, no further active treatment being necessary.

OPERATIONS ON NERVOUS WOMEN.—In the *New York Medical Journal*, S. T. Rucker concludes that nervous women, as a rule, do not make good subjects for surgical operation. An operation should not be undertaken, unless there is a definite, unmistakable, pathological lesion that is the chief cause of the nervous symptoms. A correct estimate of the end results of surgical procedures cannot be made unless the surgeon keeps in touch with his patients for months after they return home. In clearing up diagnoses in obscure conditions, every surgeon should seek the aid of a competent internist, neurologist, and pathologist. Last, but not least, to no one is the golden rule more applicable than to the surgeon. When a patient presents herself she seeks relief from suffering. She is not especially anxious "to be cut, but to be cured," and the surgeon should always ask himself the question, "If this was I, my wife, my daughter, would I advise an operation?"

CURRENT LITERATURE OF INTEREST TO NURSES

"The Decline of the Birth Rate," Editorial, *Medical Record*, January 7; "The Future of Psychotherapy," Theophil Klingmann, M.D., January 14; "Oliver Wendell Holmes; His Work in Establishing the Contagiousness of Child-Bed Fever," T. W. Harvey, M.D., January 21; "Very Restricted Diet (Rice) in Acute Inflammatory Disease of the Skin," L. Duncan Bulkley, M.D., January 28. "End Results of Surgical Operations on Nervous Women," S. T. Rucker, M.D., *New York Medical Journal*, January 7; "Studies of Diet, Nutrition and Growth in Childhood," E. Mather Sill, M.D., January 14; "The Prevention of Syphilis," Editorial, January 21; "When Sedatives are Tonic," William Francis Waugh, M.D., January 28. *Journal of the American Medical Association*, January 7, several articles on Cæsarean section and eclampsia by Drs. Reuben Peterson, Edward H. Cragin, Edward F. Hall, Edward P. Davis, Collin Foulkrod, Joseph B. DeLee, Harry D. Fry; "Prevention of Infant Mortality," Gottfried Koehler, M.D., and C. St. Clair Drake, M.D.; January 28, "Easy and Painless Method of Removing Adhesive Plaster," E. J. G. Beardsley, M.D.; February 4, Papers on "Infant Feeding," by Drs. A. C. Cotton, Thomas S. Southworth, Charles Douglass.

WHEN the International Congress on Tuberculosis meets at Rome next September, representatives of over thirty national and provincial associations organized to fight tuberculosis will be present. Among the associations which will be represented are the United States, Canada, Cuba, Trinidad, England, Wales, Ireland, Norway, Sweden, Denmark, Russia, Germany, Belgium, Holland, France, Switzerland, Portugal, Italy, Greece, Bulgaria, Hungary, Austria, New Zealand, Japan, Cape Colony, Argentina, Brazil, Chile, Newfoundland, Roumania, Uruguay, and Venezuela.

ACCORDING to a recent report by Dr. Conrad Biesalski, of Berlin, there are 75,000 cripples in the German Empire out of a population of 60,500,000. Over 50,000 of the cripples are in need of proper treatment. Dr. Biesalski states that in 15 per cent. of the cripples examined, their deformity was due to tuberculosis of the bones and joints, and that there were 10,000 such children in great need of medical treatment. He advocates the establishment of seaside sanatoria for this latter class of cripples.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

A REPLY FROM THE BOSTON FLOATING HOSPITAL

DEAR EDITOR: I was very much surprised to read Miss Hall's letter, published in the January JOURNAL. In the first place, it is *not* compulsory for the nurses to wear their uniforms on the street cars, but it is allowed, so that their hours will not be any longer than possible, as conditions are such that it is necessary for us to travel over a good part of the city to get a place where the nurse can live comfortably.

Personally, I object very much to a uniform being worn on the street, and so have former superintendents. The rules for uniforms on the wards are: skirts must be at least three inches from the floor, sleeves turned back to the elbows, and an over-apron covering entire dress and *never* worn outside of the wards. Miss Hall failed to mention these things, which surely looks as though she was trying to misrepresent a hospital which granted her a diploma which she seemed quite anxious to secure.

Very truly yours,

SARAH A. EGAN, R.N.,
Superintendent of Nurses.

TRAINING IN SMALLPOX CASES

DEAR EDITOR: The Municipal Hospital, Philadelphia, has a ward or building for smallpox, also for other contagious diseases. The course is three and six months with, I think, a salary of \$25 a month. A short time ago the supply was not equal to the demand. If it is training in smallpox, only, that Miss Walker wants, I think the best thing she could do would be to put her name on file for that work.

About keeping food hot, I keep plates in the ovens above the range. As the food is placed on them, they are put back until the tray is ready. They are covered with a heated cover. I do not have many trays,—seventeen or eighteen.

ANNA E. BROBBSON.

TALKS TO SCHOOL CHILDREN

DEAR EDITOR: I would like to know if one of the editors or some correspondent could tell me what is expected of nurses who are asked to give talks on sex in a school. What literature could you recommend and how deeply into the subject should one go? It is a new thing here for any such talks to be given, and I feel it to be a very delicate matter. I am asked to give talks in all grades, if possible, but I doubt the advisability.

Another puzzle I would like to put before your readers is in regard to the feeding of babes when the mothers have only partial supply. I have never been able to mix natural and artificial food successfully. I only stay on a case ten days or so, and that is a pretty short time to get **rules and regulations**

fixed, so the mothers consult me on all occasions,—and at arm's length, one hardly knows what advice to give.

I would not be without the JOURNAL. It takes the place of intercourse with nurses, which is denied to us who are in small towns.

South Dakota.

M. T. M.

[A personal reply has been sent to this writer, but it is hoped that our readers may have suggestions to offer on both these topics which may be of value.—Ed.]

THE QUESTION OF LOYALTY

DEAR EDITOR: An article in the January JOURNAL on "duty" was read with much interest. I am a subscriber and interested reader of THE AMERICAN JOURNAL OF NURSING. In my experience of twelve years of nursing that problem of loyalty to physicians at all times has caused me much anxiety. It seems to me when doctor and nurse are co-workers, the difficulty is largely met. Would very much like to hear from others on this subject. E. R.

SCHOOL EPIDEMICS

DEAR EDITOR: In my position as resident nurse at a school of over four hundred girls, I find the JOURNAL a great help. It keeps me in touch with the great outside world and also serves to acquaint me with new methods of work.

I wish more nurses who are doing similar institutional work would write of their experiences, and of their methods of preventing epidemics of grippe, tonsillitis, etc. We have seldom more than one or two cases a year of measles, mumps, or scarlet fever, but I cannot control the others, probably because the girls do not consider them serious enough to be reported. C. M. D.

CARE OF MALE PATIENTS

DEAR EDITOR: Some time before I ever studied nursing, I considered it a privilege to get hold of a copy of the JOURNAL and peruse it, and now that I am a full fledged nurse I would not like to do without it. The letter department is my particular delight, and when a new number arrives I take a general survey of the contents, and then settle down to enjoy a leisurely reading of the letters.

I have followed with the greatest interest the discussions on the care of male patients, and feel that it is one of vital interest to us all as nurses. On such a subject there cannot but be differences of opinion, and I would like to say to T. M. M. in the September JOURNAL, that I do not think she is justified in her comparison when she puts the supposititious case of a male nurse taking care of a woman patient, on a level of comparison with that of a woman caring for a man; and I am sure many others must feel as I do. To me the comparison seems absolutely inadmissible, because men are *not* the natural *mothers* of the race, and women *are*. This fact seems to me to put the two propositions as far apart as the ends of the earth. The mother instinct in every normal woman can always do for either sex, purely and nobly, whatever must be done, with only the desire uppermost in her mind to relieve and help, just as she would tend and care for a helpless little one. This is her God-given instinct, her God-given profession, and let no one belittle these.

However, I want to make my position entirely clear by saying that I do

not advocate the nurse performing services which properly belong to the physician. I was trained in a hospital where the nurses were not taught male catheterization, this always being left to the doctor or orderly. But the assumption that there must be wrong feeling on the part of the nurse when circumstances may require such duty from her, is distasteful to me in the extreme, and I feel that in the true nurse, the one who is fitted for her profession, such feeling is unknown.

As for the man's attitude, I agree heartily with "H." that "the truly womanly woman knows how to establish that little barrier of reserve which all men respect and never trespass."

Yours very truly,

E. D. S.,
Phoenix, Arizona.

AN EMERGENCY CASE

DEAR EDITOR: I see through the JOURNAL the superintendents of some of the hospitals are criticising the letters published in this department of the individual experience of nurses doing private duty. I enjoy reading them and can certainly sympathize with them. From some I get useful suggestions.

No nurse, until she has had some experience, can understand the needs of a nurse doing private duty, and I consider it essential to nurse among the lower class and very poor people, who do not even understand what the term trained nurse means, where it is necessary to undergo all kinds of inconvenience both for one's self and patient to say nothing of one's work. I have many times been in homes where the doctor would give me instruments and gloves to sterilize and could find nothing fit to boil them in.

I should like to give a personal experience I had a few weeks ago to show how entirely diverse a private nurse's work must be. I was called out at midnight, to an unexpected obstetrical case which proved to be a premature birth. I rang the bell and entered the hall, as is my custom, when I heard the doctor calling to me to come right up, and I followed the sound of his voice as quickly as I could, for the house was large and almost completely bare of furniture. I shall never forget the sight that met my eyes as I opened the door of the patient's room. She was lying on a double bed, without a sheet, on the terribly soiled mattress (with all of her clothes on, as she had been up all day, and they were very much soiled), and surrounded literally by a pool of blood. The doctor, a most excellent and tender-hearted man, was standing kneading and holding the uterus, and had been doing so for some time with no one but the husband to assist him. The patient lay down as soon as her pains started and had her husband telephone for the doctor; when he arrived the child was being born with this deluge of blood, without any severe pains. She had miscarried at six months and the placenta remained adherent to the uterus. I got things ready for the doctor to remove it, as quickly as I could; fortunately, his bag contained almost everything necessary. I had to boil the instruments in a small deep kettle into which I could not get the handles of the longer ones, but it was the only thing I could find. We could not find one single clean thing to put under the patient. She fainted at last and only then did the blood stop flowing. I had very little time for thought, but as I flew from room to room hunting for a table or chair on which to put the pan of instruments in reach of the doctor, I thought of our dear hospital, with its

tanks of sterile water, and yards of sterile gauze, and felt the intense longing for my patient for whom I wondered if recovery were possible. The room was heated only by an oil stove, which did very little good, for the night was one of the coldest I ever felt. I heated irons and put them in the patient's bed to keep her warm; the doctor removed the placenta at once and curetted the uterus, after which, of course, the blood stopped flowing.

I had been trained in a private hospital under a most excellent aseptic surgeon and taught that to do things otherwise than in a thoroughly aseptic way was criminal. I had only been out of the hospital a few months, in fact, this was my first emergency case outside, and had practically nothing with which to work. I will say for the benefit of a nurse in a similar position that I borrowed gowns and linen from very kind neighbors, covered the bed with papers and then put on the sheet, removed her clothing, and moved her to the fresh side of the bed as soon as the doctor would permit me to do so. I remained with the patient for four days without any relief, getting what rest I could while my patient slept; and then she had improved so much that, as there was no place for me to sleep, I came to my room at night, and she was up in ten days.

M. M.

SPANISH TEXT-BOOKS NEEDED

DEAR EDITOR: Can I get an answer through the JOURNAL to these questions? I would be ever so grateful to the person who will take some interest in the matter.

1. How can I obtain a text-book on practical nursing in the Spanish language for training-school use? I should be happy to find something plain and simple to understand. I have started a training school here in Lima, but I find it impossible to go on without some book. I do not speak this language fluently enough to undertake to translate a book. I have taught anatomy by using a text-book for medical students. I am anxiously looking for an answer as soon as possible.

2. How can I obtain different samples of bedside records suitable for an infants' ward? None are used at present, but I find it difficult to give the doctor a clear account of the babies, so I would like to introduce them.

BERTHA MOERI, R.N.

Lima, Peru, South America.

MRS. ROBB'S BURIAL PLACE

DEAR EDITOR: Although somewhat tardy, I should like to say just a word in the JOURNAL as to the beauty and appropriateness of Isabel Hampton Robb's resting place. I happened to be nursing in Burlington at Christmas time and was deeply impressed when the midnight chimes of historic old St. Mary's pealed out in their exquisite tones the message that Christ is Born! Surely it seemed as if the voices of all those dear ones whose bodies sleep there in the beautiful old churchyard were singing their Christmas carols too. A beautiful custom in this old parish is the singing of the "Waits" on Christmas Eve, their first carol being sung in the churchyard, where rest also the bodies of the Bishops Talbot, Doane, and Odenheimer; surely no sweeter nor more beautiful spot could have been chosen for Mrs. Robb's burial.

Even the town itself is historic, being older than Philadelphia, and the

birthplace of Fenimore Cooper and the homes of "Don't Give up the Ship" Lawrence and General Grant. It is said that William Penn, as he came up the Delaware, fastened his boat to an old buttonwood tree still standing on the river bank.

It is in this old town of history and tradition and in the churchyard of beauty and dignity that Mrs. Robb awaits the Resurrection morning.

E. S. W.

A MEMORIAL TO FLORENCE NIGHTINGALE

DEAR EDITOR: The nurses of Great Britain are considering carefully the matter of a suitable memorial to Florence Nightingale. It goes without saying that others than nurses are similarly engaged, and that there ultimately may be, not one memorial, but many, erected throughout the Kingdom, in commemoration of her and her immortal work.

At the same time, there will probably be one scheme, which, because of its peculiar significance, may be accepted as embodying in the most fitting way that sentiment toward her which is not merely national but universal in its dimensions.

The suggestions made by the different committees so far have been apparently of two types: the one which would provide some form of pension fund or annuity for old and disabled nurses, or for those in need of partial aid; the other which would provide improved and enlarged opportunities for the scientific education of nurses, and thus bring it up to a standard which will compare with that of other professions. Our interest as nurses would lie in the latter plan, as a logical extension of the system which Miss Nightingale set in motion, in founding the first training school in St. Thomas's Hospital. All the world has benefited by that school and that system, every hospital and almost every home, and it seems to us quite likely that contributions might come from nurses and others in all quarters of the globe for such an institute, school, or college as would serve to educate nurses better than the hospital alone is able to do on account of the increasing demands which the community is making of them, demands for public service beyond that in hospital or home, and for work not only in the care of the sick, but in the prevention of disease and protection of health.

Such educational work might be carried on in architecturally beautiful and appropriate buildings in which might be enshrined some at least of those historical records and mementos of Miss Nightingale and her work which are to nurses ineffably precious; and similar records and mementos perhaps should be preserved of others who have rendered distinguished services in nursing. Here perhaps for the first time in history might be placed a suitably equipped library for nurses. It is hard to check the imagination in picturing such a foundation, and the impetus and inspiration it would give to a body of workers and students whose contributions, both actual and potential, to national welfare are of value which can hardly be estimated.

We can think of committees at work in the various European countries and in America and Canada, where the name of Florence Nightingale has been held in veneration for two generations, receiving the contributions, large or small, which thousands of nurses would undoubtedly be glad to give according to their means, and no contribution would be too small to be welcomed. Through

our nursing organizations there is now, happily, a way of reaching individual nurses, and we presume that Miss Goodrich, the president of the American Federation of Nurses, would gladly consent to act as honorary chairman of a committee formed to enable American nurses to co-operate with those in England who are striving to find the best way of perpetuating a great name and life. Every living nurse is Florence Nightingale's debtor, and should eagerly grasp the means of acknowledging that debt in a way which opens up larger opportunities for future nurses.

M. A. NUTTING.

THE INTERSTATE SECRETARY IN NEW JERSEY

DEAR EDITOR: The nurses of New Jersey have enjoyed the privilege of hearing Miss Isabel McIsaac at a mass meeting held in Newark, January 21, and we wish to join with the other states that have enjoyed the same privilege in expressing our appreciation of our interstate secretary, who spoke to us in such an interesting and instructive manner on subjects of so great importance to the New Jersey nurses.

Miss McIsaac spoke to the pupil nurses at an evening meeting and impressed all with the importance of duties devolving upon each "to keep our profession upon a high plane of efficiency and to help one another."

ELIZABETH HIGBID,
Secretary New Jersey State Nurses' Association.

THE INTERSTATE SECRETARY IN WASHINGTON

DEAR EDITOR: If every superintendent of nurses realized the importance of the pupil nurse becoming familiar with organization work while in school,—by every class having its organization according to its needs, so that when they finished they would become a member of their alumnae without a question, and be ready for the county, state, and national associations and able to take their place in each with ability, and when they are taken step by step through school interested in organization work,—state registration would mean something to them, but until the superintendent does her duty for the pupil nurse in this line, we will need the interstate secretary at least once a year. I am sure more good will come from a yearly visit than could possibly come with less frequent visits. It would be hard to tell how much benefit we derived from this first visit, for every few days we hear from some one who was stimulated by Miss McIsaac's talk and made to realize her responsibility more than she had. She did so much for us all, put us straight where it was needed, and made many things clear which were not before, and we realize more how much of a part each individual nurse takes in making up the whole. We also feel no one else could have done it quite so well as Miss McIsaac.

The question of how to reach the isolated section was brought to us while Miss McIsaac was here by a small association that needed her help so much, but could not stand the expense. I have thought much about it since and it would seem that it might be to the advantage of all concerned for the interstate secretary to have money for her expenses before starting out, and at the end of a visit in a state let the state association pay all, and each county association pay into the state association treasury according to its membership or means or what the state officers would decide was its share.

H.

THE NEW NAVY NURSE CORPS SUPERINTENDENT

DEAR EDITOR: It becomes my pleasant duty to introduce to the readers of the JOURNAL, Mrs. Lenah Sutcliffe Higbie, my successor as superintendent of the Navy Nurse Corps.

Mrs. Higbie was born in Bradford, England, although her father, a Church of England clergyman, had long been identified with church work in Canada and most of her early years were spent in the Dominion.

Mrs. Higbie, or Miss Lenah Sutcliffe as she was then, was graduated from Hamilton College with the degree of Master of Liberal Arts. The course was a two years' one, and upon its completion she decided to enter Toronto University with the intention of winning the B. A. degree and later on studying medicine. A nervous breakdown necessitated her leaving the university before the completion of the four years' course. Upon her restoration to health she decided to take the profession of nursing, and early in 1899 she was graduated from the training school in connection with the Post-Graduate Hospital of New York City. Soon afterwards she married Major John H. Higbie of the Marine Corps and disappeared from the nursing world for some years. After his death she decided to return to the profession, and with this end in view entered upon the post-graduate course at Bellevue and Allied Hospitals. Upon its completion she made application for appointment in the nurse corps of the navy and reported for duty early in October, 1908. She had already taken out her registration papers in the state of New York.

Early in the summer of 1909, Mrs. Higbie was selected for the position of chief nurse of the Naval Hospital at Norfolk, Va., and her work at this important station was exceptionally fine; by its excellence she has fairly won the position which she now holds, and my sincere wish for her is that she will not only be able to put into effect all of the things which I had planned with such careful thought but was never able to bring about, but many far better things of her own planning.

As she is an extremely tactful woman, with a most pleasing personality, I hope some day to see the finished structure rise from the cornerstone which it has been my privilege to lay.

ESTHER V. HASSON,
Washington, D. C.

NURSING NEWS AND ANNOUNCEMENTS



ASSOCIATED ALUMNÆ NOTICES

TO THE MEMBERS OF THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES:

I wish to express, through the columns of the JOURNAL, my sincere appreciation of the honor conferred upon me by the various associations which have submitted my name for nomination as president of the Nurses' Associated Alumnae of the United States for the coming year.

It was, I thought, generally understood last year that I favored frequent changes in this office, that various sections of the country might be represented, and interest in association work thus stimulated.

On my return from the Philippines, late in November, I requested all societies consulting me to nominate some one else, and simply took it for granted that societies from whom I heard nothing had not presented my name.

I deeply regret that my wish in the matter was not more generally understood, and only hope that this notice may reach all associations in time to allow them to submit other names.

My work in the Associated Alumnae has been a real pleasure, and I assure its members that I consider it a privilege to have been their president during the past two years.

Respectfully submitted,

JANE A. DELANO, R.N., *President.*

PLANS FOR THE BOSTON MEETING

THE Associated Alumnae meetings will be held in Boston, Mass., on June 1, 2, and 3, coming directly after the meetings of the Superintendents' Society. The following week there will be held in the same city the Conference of Charities and Corrections. A complete announcement of arrangements and of the programme will be published in the April JOURNAL, but the provisional programme includes a practical demonstration at the Children's Hospital, an address by Dr. Richard Cabot, a social service paper by Miss Crandall, one on factory welfare work by Miss Mary Dickinson, one on the teaching of tuberculosis prevention to school children by Miss Sarah Helbert, an address by Dr. Sedgwick, a symposium on private duty nursing, letters on missionary nursing, a paper on district rural nursing by Miss Van Shaack, and a clinic at the Massachusetts General Hospital by Dr. Winslow.

AGNES G. DEANS, *Secretary.*

ITINERARY OF THE INTERSTATE SECRETARY FOR MARCH

MARCH 6, Hannibal, Mo.; 8th, Cedar Rapids, Iowa, evening, Iowa City, Iowa; 9th, Des Moines; 10th, Dubuque; 13th and 14th, Pittsburgh, Pa.; 16th, Ann Arbor, Mich.; 17th, Battle Creek, Mich.; 21st, Chicago, St. Luke's Alumnae; 23d, Chicago, Illinois State Association; 25th, Lafayette, Indiana; 27th, Cleveland, Ohio; 28th, Toledo; 29th, Detroit, Mich.; 31st, Dayton, Ohio.

The doubling upon the same road is caused by late requests and the inability of certain associations to arrange for a different time.

ISABEL McISAAC, *Interstate Secretary.*

CONTRIBUTIONS TO THE ISABEL HAMPTON ROBB EDUCATIONAL FUND

Previously acknowledged	\$1681.75
Mary L. Robb	10.00
Regine White	5.00
Grace Baxter	10.00
Mary Vroon, R.N.	5.00
Christina M. Hall	1.00
Students Upper Peninsula Hospital for Insane, Newberry, Mich.....	6.00
Helen C. Sinclair	5.00
Clara F. Brouse, R.N.....	5.00
Alumnæ Association, Samaritan Hospital, Troy, N. Y.:.....	100.00
Pupils, Samaritan Hospital, Troy, N. Y.....	10.00
Miss Sampson	2.00
Pupils, St. Luke's Hospital, New Bedford, Mass.....	8.25
Lawrence General Hospital Alumnæ Association, Lawrence, Mass.....	25.00
St. Luke's Hospital, Chicago.....	13.00
E. Ada Payne Browne.....	5.00
Pupils, Garfield Memorial Hospital, Washington, D. C.....	100.00
B. F. Mattice	5.00
Massachusetts State Nurses' Association, Boston.....	500.00
Members of Presbyterian Hospital Alumnæ Association Philadelphia:	
Mrs. J. B. Brown.....	1.00
Miss Dewey	5.00
Mrs. M. Eden	3.00
Miss Kelly	3.00
Mrs. H. League.....	5.00
Miss Mann	5.00
Mrs. McKittrick	1.00
Miss Sherwood	1.00
Miss Small	2.00
Miss Thompson	1.00
Miss Tyack	1.00
Miss Wicker	5.00
Mrs. M. Sloan.....	4.00
Berrien County Nurses' Association, Benton Harbor, Mich.....	3.00
Graduating Class, Presbyterian Hospital, Philadelphia.....	6.00

\$2522.25

HELEN SCOTT HAY, R.N.,
509 Honore Street, Chicago, Ill.

JOURNAL NOTICES

THE DIRECTORS OF THE AMERICAN JOURNAL OF NURSING COMPANY held their regular quarterly meeting at 52 East 34th Street, New York City, January 19, 1911, at 10 A.M.

THE STOCKHOLDERS OF THE AMERICAN JOURNAL OF NURSING COMPANY held their annual meeting at 52 East 34th Street, New York City, on Thursday, January 19, 1911, at 2 P.M. The following were elected directors for the JOURNAL board for the coming year: Isabel McIsaac, Benton Harbor, Mich.; Mary M. Riddle, Newton Lower Falls, Mass.; Genevieve Cooke, San Francisco, Cal.; Annie W. Goodrich, Albany, N. Y.; Sarah E. Sly, Birmingham, Mich. Five shares of JOURNAL stock are held by individuals, twenty-seven by associations, and sixty-eight by the Associated Alumnae.

THE DIRECTORS elected at the meeting of the stockholders of the AMERICAN JOURNAL OF NURSING COMPANY in New York City on January 19, 1911, met at the Park Avenue Hotel on Friday, January 20, 1911, at 10.30 A.M. Present, Misses McIsaac, Riddle, Goodrich, and Sly. Miss Isabel McIsaac was appointed president; Sarah E. Sly, secretary; Mary M. Riddle, treasurer.

Respectfully submitted,

SARAH E. SLY, *Secretary.*

REPORT OF JOURNAL PURCHASE FUND TO FEBRUARY 15, 1911

Previously acknowledged	\$446.85
Memorial Hospital Nurses' Alumnae Association, Richmond, Va.....	8.00
California State Nurses' Association.....	50.00
Mary A. Owens, Savannah, Ga.....	.50
Anna Brobson, Spangler, Pa.....	.50
Margaret A. Pepoon, San Diego, Cal.....	5.00
Christ Hospital Nurses' Alumnae Association, Jersey City.....	10.00
Marie Alida Gorter, Baltimore, Md.....	5.00
Hennepin County Registered Nurses' Association, Minneapolis, Minn....	25.00
	<hr/>
	\$550.85

DISBURSEMENTS

One share of stock purchased from University of Maryland Training School	\$100.00
One share of stock purchased from Augusta J. Robertson	100.00
One share of stock purchased from Pittsburg Training School Alumnae Association	100.00
	<hr/>
	\$300.00
Balance on hand, February 15, 1911.....	250.00
	<hr/>
	\$550.00

M. LOUISE TWISS, R.N., *Treasurer,*
419 West 144th Street, New York City.

ARMY NURSE CORPS

URGENT appeals have been made by the commanding officers of the army hospitals at Hot Springs, Arkansas, and Fortress Monroe, Virginia, for the assignment of army nurses to these stations. It has, however, been impossible to meet these demands with the present number of nurses allowed by the government. Twenty-five additional nurses have been requested by the Surgeon-General

for the coming year, and they will doubtless be available for service July 1. Four nurses have already been sent to Hot Springs, and it is hoped to increase the number as soon as possible.

The residence for nurses in connection with the Walter Reed Hospital in Washington, D. C., is nearing completion, and when finished will provide most satisfactory quarters for nurses in Washington, and make it possible to assign them to this new army hospital where they are so much needed.

Appointments: Ida Ethel German, graduate of the Garfield Park Hospital, Chicago, Ill., post-graduate of the Illinois Training School, Cook County Hospital, Chicago; assigned to duty at the General Hospital, San Francisco, Cal. Mary T. Egan, graduate of the Manhattan State Hospital, Ward's Island, New York City, post-graduate of Harlem Hospital, Bellevue; assigned to duty at the General Hospital, San Francisco, Cal.

Transfers: To San Francisco from Fort Bayard, New Mexico: Misses Emma Haefner, Agnes James, Jeannette E. Allen, and Anna M. Cotter. To Fort Bayard from San Francisco: Misses Nora C. Gallagher, Maude B. Kee, Margarette S. Lundy, and Paula E. Nordhoff. To Army and Navy General Hospital, Hot Springs, Arkansas, from San Francisco: Miss Lyda M. Keener, acting chief nurse, and Misses Beatrice L. Hirtle and Annie May Pellett, nurses; from Fort Bayard: Miss Alma C. Hanson. Recently arrived in the Philippines Division: Assigned to duty at Division Hospital, Manila: Miss Katherine W. Cassin and Miss Mary E. Hunt. Awaiting assignment: Misses Elsie Neff and Mary Warburton. Transferred from the Division Hospital to Fort William McKinley: Misses Marie E. Logan and Sayres Louise Milliken.

Discharges: From Army General Hospital, San Francisco, Cal.: Misses Ethel M. Baker, Marie A. Riordan, Junia Hattie Latimer, and Rhoda M. Wright.

JANE A. DELANO, *Superintendent*,
Army Nurse Corps.

MASSACHUSETTS

Newton Lower Falls.—NURSES FROM THE NEWTON HOSPITAL who have left that institution since April, 1910, have taken up the following lines of work: institutional, 3; superintendents of district work, 3; social service work, 2; others are doing private nursing in Newton, Cambridge, and Boston. Of those not yet through their course, one expects to be a social service worker, and one a missionary.

CONNECTICUT

New Haven.—THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its quarterly meeting on February 1 at Grace Hospital. The meeting was opened by an address of welcome and prayer by the Rev. Father Hatch of Christ Church, following which the regular routine business was transacted. Miss Lauder Sutherland, superintendent of Hartford Hospital Training School, gave a most interesting paper on "Personal Recollections of the Late Mrs. Isabel Hampton Robb." As Miss Sutherland was an intimate friend of Mrs. Robb's, she was able to present a picture of her home life and interests which was most entertaining and unfamiliar to the nursing profession. After the meeting refreshments were served and a social hour enjoyed.

MRS. WINIFRED AHN HART, *Secretary*.

THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular

monthly meeting on February 2, and the day being very stormy there was a small attendance. Miss Payne presided in the absence of the president. After a short business meeting, a social half hour was spent in welcoming Miss L. L. Dock, of New York, who was to speak to business women in the evening.

NEW YORK

New York City.—THE ISABEL HAMPTON ROBB CLUB of Teachers College gave an at home on Wednesday afternoon, January 18, at Whittier Hall, in honor of Miss Delano and Miss McIsaac.

ST. LUKE'S ALUMNÆ ASSOCIATION has commenced the publication of an alumnae leaflet, *The Bulletin*. The first number, issued in February, contains minutes of the December meeting, notices, and news items. It is well edited, well printed, and is just such a publication as will keep the graduates of the school in closer touch with each other without attempting to supply the place of a nursing magazine. Mrs. Jack, R.N., is president of the association; M. DeWilde, R.N., is corresponding secretary (86 Park Avenue); and Miss Isobel Lount Evans is editor of *The Bulletin*.

MISS GARLAND, class of 1909, St. Luke's Hospital, has accepted a position at Barnett Sanitarium, Fresno, California. Florence Post, class of 1908, has accepted the position of operating room nurse for Dr. Cragin's private sanitarium. Miss Clark, class of 1909, has resigned from her position as second assistant directress of the training school; Miss Post, class of 1908, has resigned from her position in the operating room to accept one at Sloane Maternity; Miss Wheeland, class of 1906, has resigned as night superintendent.

PUBLIC HEALTH LECTURES given in the Academy of Medicine on alternate Wednesday evenings at 8.15 and on Thursday afternoons at 3.15 will be on the following subjects during March: March 1, "Congenital and Acquired Deformities and Their Prevention," Drs. Reginald Sayre, Matilda K. Wallin, and Wisner R. Townsend; 9th, "Mental Hygiene," Drs. Joseph Frankel, Mary Lawson Neff, Marion Craig Potter, Grace Peckham Murray; 15th, "Alcohol and Meat in Relation to Disease," Drs. Norman E. Ditman, William R. Williams, Linsley R. Williams, and Sue Radcliffe; 23d, "The Health of Women in Youth and Maturity," Drs. Elizabeth Stowe Broun, Egbert H. Grandin, Mary Rushmore, and J. Clifton Edgar; 29th, "Care of the Eyes," Drs. E. Park Lewis, Clara M. Auer, and Edward S. Peck.

THE CO-OPERATIVE COMMITTEE OF THE CENTRAL CLUB FOR NURSES gave a very delightful reception from four to six and from eight to ten on Thursday, January 26. Among those receiving were Mrs. Twiss, Miss Golding, Mrs. Nathaniel Bowditch Potter, Miss Yocum, Miss Ehrlicher, and Miss Swarthout. Miss Bewley and Miss Hyde presided at the tables, and, despite the inclement weather, the number of acceptances attested to the popularity of the club and an appreciation of the need it is filling. This is further shown by the calendar of events at the Central Club for the month of January, which included St. Luke's Alumnae business meeting and tea; League of Nursing Education; Manhattan and Bronx Association; editors of the *Presbyterian Quarterly*; annual meeting of the directors of the AMERICAN JOURNAL OF NURSING COMPANY; meeting of the New York State Committee of the American Red Cross. On the Mondays in March, the Guild of St. Barnabas entertains from three till six.

Miss Adams' Bible class will, during March, on Friday evenings, discuss "Five Heroes of the Early Christian Church."

AMANDA SILVER, R.N., who has been for many years assistant superintendent of nurses at the New York City Training School on Blackwell's Island, is giving up that work, to the regret of her many friends. She was tendered a musicale on the evening of February 8 by the New York City Training School, which was inspiring in composition and rendering. The gathering was a family affair with only a few honored guests. During the evening short addresses were made by Mrs. Cadwallader Jones, Commissioner Drummond, and Dr. Peck, deploring the necessity for the severance by Miss Silver of her connection with the school, and testifying appreciation and a sense of obligation for the years of thought and work which she has given to the hospital. On February 14, the members of the alumnae association of the New York City Training School, of which for many years Miss Silver has been the president, gave a farewell reception for her at the Academy of Medicine, New York. The resolutions of appreciation and regret adopted by the association upon the occasion of Miss Silver's retirement as an active member, having been beautifully engraved with illuminated lettering, were bound as a book, and all present affixed their signatures, Mrs. Cadwallader Jones making the presentation speech.

THE NEW YORK CITY TRAINING SCHOOL ALUMNAE ASSOCIATION at its meeting held on February 14 voted to hold its meetings for the future at the Central Club for Nurses, 54 East 34th Street. The officers for the year are: president, Irene B. Yocum; vice-presidents, J. Amanda Silver, Mrs. D. M. Lamb; recording secretary, Frances Meyer; corresponding secretary, Mrs. W. J. Mitchell; treasurer, Mrs. S. H. Mason. Miss Croft is the associate superintendent of the training school. Miss Keaver, who has been supervising the nurses' home, takes Miss Croft's former position.

ANNA L. SCHULZE, R.N., for several years superintendent of Saratoga Hospital, Saratoga Springs, N. Y., has accepted the position of superintendent of nurses at the German Hospital and Dispensary.

ADA M. CARR, graduate of Johns Hopkins Hospital, has accepted the position of superintendent of nurses at the Woman's Hospital.

ALBANY.—THE HUDSON VALLEY ASSOCIATION FOR TRAINING SCHOOL PROGRESS was entertained by Miss Annie W. Goodrich, state inspector of training schools, on January 13. The meeting was well attended. Miss Goodrich presided. Esther T. Jackson of Schenectady was re-elected secretary and treasurer. Plans for entertaining the New York State Nurses' Association in Albany next fall were discussed. The main subject for discussion, aside from that, was the question of the advisability of several training schools in one section or locality combining and having the final examination of the senior class a state board examination,—conducted by one of the state board examiners. There is no doubt but such an arrangement would be of the greatest advantage and an impetus for better work throughout the course. A delightful social hour was spent, refreshments were served, and the meeting adjourned to meet in March at the Samaritan Hospital, Troy, Miss Arnold to preside.

SYRACUSE.—ISABEL MCISAAC, interstate secretary, visited the city on January 17 and gave an address to the Onondaga County Nurses' Association on subjects of vital interest to the nursing profession. The many nurses who had the pleasure of hearing her were pleased and impressed with her address.

While in Syracuse, Miss McIsaac was the guest of Lina Lightbourne, superintendent of the Hospital of the Good Shepherd.

THE HOSPITAL OF THE GOOD SHEPHERD ALUMNÆ ASSOCIATION gave its annual ball at Snell's Academy on January 21. It was a social and financial success. Clara Cummings, R.N., class of 1907, has taken up the social service work for the hospital. Lena Carey, R.N., class of 1904, has accepted a position in Wells College Infirmary, Aurora. Alice McDowell, R.N., class of 1909, has accepted a position as head nurse in charge of the Foresters' Tubercular Sanitarium, Rainbow Lake. The January number of the *Alumnæ Bulletin* contains many announcements and items of interest to the alumnæ.

Rochester.—DR. GEORGE W. GOLER, health officer of the city, whose article in the January JOURNAL read at the state meeting, on "The Relation of the Nurse to the Health of the Infant," must have interested those of our readers who are watching the progress of preventive work in medicine and nursing, has succeeded in getting a nurse appointed (Kathleen G. D'Olier) for work with mothers before and after confinement. She is supported by the Kindergarten Association of the city, makes her headquarters at one of the schools, and works in co-operation with the health officer, the school nurses, and all other social workers, for the improvement of conditions surrounding the expected or new-born child and its mother.

PENNSYLVANIA

Philadelphia.—THE NURSES' ALUMNÆ ASSOCIATION OF THE WOMAN'S HOSPITAL OF PHILADELPHIA held the twenty-first annual meeting at the Philadelphia Club for Graduate Nurses, 922 Spruce Street, on January 18. The treasurer's report was very satisfactory; fourteen new members were admitted during the year; there are about one hundred and forty-five active and eight honorary members; one death was reported.

The following officers were elected: president, Isabel B. Close, R.N.; vice-presidents, Mary Parks, Lillian L. Allen, Margaret M. Bratton; recording secretary, Anna M. Peters, R.N.; corresponding secretary, Margaret W. Larney; treasurer, Helen F. Greaney, R.N. The graduate nurse endowed room at the hospital has been thoroughly appreciated by several nurses who used it while ill. The president's annual report was very interesting. The association has received invitations from several different alumnæ associations and the club to attend meetings and entertainments, which were enjoyed by those able to accept. The delegate to the annual meeting of the Graduate Nurses' Association of Pennsylvania presented a full and interesting report of those meetings.

Early in the year this association had a talk on play-ground work by Miss Mary B. Blakiston of the Civic Club, to which other alumnæ were invited.

As usual, a tea was given the graduating class and was greatly enjoyed. The association was informed that seventy-three Woman's Hospital graduates have earned the title of R.N. This is a very good per cent. of the graduates compared with other schools in the city. Next year it is hoped to have a much larger per cent. The association has taken up other subjects of interest from time to time.

Reading.—THE READING HOSPITAL ALUMNÆ ASSOCIATION, at the annual meeting in December, received encouraging reports from all the officers. The papers read at each meeting during the year have been most interesting and

instructive, and the social affairs very successful. Arrangements are about completed to incorporate the society, and the endowment of a room in the hospital, for the members of the association when ill is, at last, after many years of hoping and planning, a fact.

Bradford.—EMMA C. LINDBERG, formerly assistant superintendent of nurses at the Pennsylvania Hospital, Philadelphia, is night superintendent of Bradford Hospital.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold examination for applicants for registration, May 16-17, 1911. Make application to the secretary,

KATHERINE DOUGLAS, R.N.,

320 East Capitol Street, Washington, D. C.

Washington.—MARY E. P. DAVIS has resigned as registrar of the Graduate Nurses' Association, to the regret of a great many nurses.

ISABEL McISAAC, interstate secretary, gave a very interesting talk to the nurses of Washington on January 27, an informal reception following.

THE GARFIELD MEMORIAL ALUMNÆ ASSOCIATION gave a house-warming at the Registered Nurses' Club, 1337 K Street. Three hundred invitations were extended.

MRS. CHARLES W. RICHARDSON gave a reception for nurses to enable them to meet Dr. Mary Noble, of India, who gave a most interesting talk on missionary nursing and hospital work.

MARYLAND

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its eighth annual meeting in the Medical and Chirurgical Library, Baltimore, January 25 and 26, 1911. The meeting was opened with prayer by Dr. Eccleston, rector of Emmanuel Church. In the absence of Miss Ross, the president, Miss Gorter, vice-president, gave the annual address. Among other things Miss Gorter said: "This association, as you know, was formed to obtain state registration and to elevate and uphold standards of nursing. History shows that we have lived up to our obligation in a successful manner. Our affiliation with the Associated Alumnae and the Federation of Women's Clubs has widened our field of usefulness. In the past year a central directory for nurses has been established. This is being successfully operated, and is the most important undertaking since state registration was obtained. We have co-operated with the Infant Mortality Congress held in this city, endorsed the white slave and pure food bills, and also the municipal suffrage movement. We now are a strong influence for good in this community, but would be much more forceful if all the nurses in this state would realize that it is their duty to become members of this association. To-day there are in this country 1000 nurse training schools and 75,000 graduate nurses. To-day we stand on the threshold of a new epoch, that of preventive medicine, and nurses will play an important part in this movement. Emerson has said: 'Who can set a limit on the possibilities of a human being?' Who can set a limit to the possibilities of 75,000 well-trained women, if they hold together and work for the good of humanity? The lives of four great women guiding stars of our profession, who have been called in the last year from this working sphere, should lift us from all narrowness and littleness: Miss Nightingale, the soldier nurse, and one of the great

mothers of the nursing world; our own Mrs. Robb, American organizer, large hearted and capable; Miss Upjohn, pioneer tuberculosis nurse; and Miss Fisher, one of the leaders on the coast in all nursing affairs. The last year, therefore, although full of sadness, is replete with inspiring influence for high purposes."

The minutes of the fall meeting were then read, and accepted. Then followed the report of the various committees, of the Maryland State Board of Examiners of Nurses, and of the Central Directory of Registered Nurses, Incorporated. After the business session Miss Isabel McIsaac, interstate secretary for the Associated Alumnae of the United States, the Red Cross, and the AMERICAN JOURNAL OF NURSING, gave the nurses a most interesting and instructive address, urging them to take an interest in the state society, in the Associated Alumnae, in the Superintendents' Society, and in the AMERICAN JOURNAL OF NURSING, not forgetting the central directory. After a few announcements the state society was entertained at tea. This gave the nurses an opportunity to meet Miss McIsaac informally.

The second session, held January 26, was open to all nurses, whether members or not, and as Miss McIsaac had signified her desire to speak to pupil nurses, invitations were sent to all the training schools in the city inviting their attendance. The attendance at this session was quite large. Miss Gorter presided. Miss Pierce, school attendance officer, told the nurses something of the school attendance law that is to come up before the next legislature, and urged the nurses to give it their support. A school attendance committee, of five school and two private nurses, was appointed to aid Miss Pierce in her work. Other committees appointed at this meeting were: Isabel Hampton Robb Memorial Fund, AMERICAN JOURNAL OF NURSING, and Red Cross. These committees were asked to report at the spring meeting. Miss McIsaac then gave a second interesting and inspiring address, and urged the nurses to take an interest in all of the organizations that mean a broad knowledge of nursing affairs. The following resolutions were passed:

"*Resolved*, That we extend to Miss McIsaac our hearty thanks and appreciation for her coming to Baltimore, and that we believe that her visit will encourage those who, through difficulties, tried to hold up the standard; and that it will inspire those whose interest is lagging to better effort, and that it will cause those who have never shown any interest to realize not only their responsibilities but their privileges.

"*Resolved*, That we heartily endorse the Public Health Conference and assure those in charge that we stand ready to do all we can to make it a great success."

It was also moved and carried that a vote of thanks be given the retiring secretary for her work during her term of service.

The following officers were elected for 1911: president, Mrs. Reba Thelin Foster; vice-presidents, Mrs. Elizabeth Price Hurst, Elizabeth Collins Lee; secretary, C. E. Query, 1211 Cathedral Street, Baltimore; treasurer, Ellen LaMotte; members for two years: Sarah F. Martin, Mary E. Lent, Rebecca Coale. On motion the meeting adjourned. C. E. QUERY, R.N., *Secretary*.

Baltimore.—THE SOCIETY OF TERESIANS, Johns Hopkins Hospital, founded in 1905 for the purpose of studying the history of nursing, held the first meeting for the year in the Nurses' Home parlor on December 21. The following officers were elected: Miss Lawler, honorary president; Miss deLong, president;

Miss Upshur, secretary; Miss Wilcox, treasurer; also a literary committee of three. Miss Lawler explained the purpose of the society and urged the senior class to become true and loyal Teresians. Dr. Hurd gave a most instructive talk on the early history of the hospital, and showed some interesting plates and maps of the site as it was before the present buildings were erected. The second meeting was held on February 4, with the president, Miss deLong, in the chair. A paper which showed much reading and careful preparation on the life of St. Theresa was read by Miss Westervelt, following which Miss Stewart, Miss Nutting's assistant from Teachers College, explained the advantages of the course in "Nursing and Health" offered to graduate nurses in that school. The students were then invited to spend a social half hour, during which plans were discussed for an unusually interesting year's work.

MERCY HOSPITAL ALUMNÆ ASSOCIATION held its quarterly meeting in the hospital parlors on January 27, Martha Hartman, the president, presiding. There was an attendance of twenty-five members, including seven sisters. Three new members were elected. Mrs. Antoinette Agnew Nestor, of Providence, R. I., was elected delegate to the Associated Alumnae, with Winifred V. King of Southbridge, Mass., as alternate. Mary E. Lent, superintendent of the visiting nurse association of the city, gave an address on district nursing, and spoke of the benefits of organization and co-operation among all nurses. The graduating class of this year heard this address. A special meeting of the association was called on February 10 in honor of Sister M. Gonzaga, the first honorary vice-president of the association, and superintendent of nurses, who has been called to Mt. Washington, Md., to the office of Mother of Novices. Sister M. Gonzaga has been stationed in this hospital ever since its opening in 1889, and assisted in promoting and organizing the training school, of which she has been the superintendent for the past ten years. Her quiet, but well-directed, influence in supporting all nursing movements will never be fully known. A set of resolutions was adopted, a copy of which will be framed and hung in the alumnae hall, and a committee was appointed to have a room in the new Mercy Hospital, now building, furnished and named in her honor. The new superintendent of the training school, Sister M. Claude, who becomes honorary vice-president, was welcomed and installed in office.

Frederick.—NELLIE M. CASEY is at the head of the visiting tuberculosis nursing staff of this city.

VIRGINIA

THE ELEVENTH ANNUAL MEETING OF THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA was held in the auditorium of Murphy's Hotel, Richmond. The first session, on January 31, at 8.15 P.M., was opened by an address of welcome by Governor William Hodges Mann, which was responded to by the president of the association, Ethel Smith. This was followed by an address, meant especially for pupil nurses, by Isabel McIsaac of Benton Harbor, Mich. Every training school in the city was represented, and Miss McIsaac's address was listened to with deep interest. Dr. Harry Taylor, medical missionary to Nankin, China, gave an account of the work done by doctors and nurses in the missionary field in China, and illustrated his talk with stereopticon views. He made an earnest appeal for nurses for this work.

The three business sessions were held in the same auditorium, and were attended by nurses from all parts of the state, who showed lively interest and

entered into discussions of all the papers and topics brought forward. Miss McIsaac spoke again at the afternoon session on Wednesday, emphasizing the need for co-operation and organization, careful regard by the nurse for not too long hours on duty, an error fallen into and maintained by graduates on private duty in the south. In the course of Miss McIsaac's address she made the suggestion that Miss Dock's book on "Hygiene and Morality" be used by the superintendents of all training schools as a text-book for their senior classes. Miss McIsaac's address and her presence at the meeting were an inspiration for progress and earnest endeavor. Miss Bruton of Hartford, Conn., read an illuminating paper on "The Administration of Anæsthetics by Women," advocating it as one of the many specialties a graduate nurse may take up. On Thursday morning Miss Isabel Stewart, of Teachers College, New York, read a most able paper on the "Training of Hospital Administrators, and the Relations of the Hospital to Social Service." Following this were addresses on "Equal Suffrage" by Miss Mary Johnston, the author. Mrs. B. B. Valentine, president of the Suffrage League of Richmond, Miss Stewart, Miss Randolph, and Miss Cocke, followed by some discussion. Dr. Allan Freeman gave an address on "Tuberculosis Work" and Mrs. Tilden Smith of Norfolk a paper on the "Care of Incubator Babies." The programme was a full and interesting one. The two chief discussions from the floor were on a change in the constitution affecting membership, and rates for private cases. Both matters were put into the hands of committees and will be brought up at the next meeting.

The social feature was a reception given the night of Wednesday to the visiting nurses by the graduate nurses of Richmond.

The election of officers for the ensuing year is as follows: president, Agnes D. Randolph, superintendent of the Virginia Hospital, Richmond; vice-presidents, Jean Hurdley, superintendent of University Hospital, Charlottesville, Naomi Simmons, superintendent of Alexandria Hospital, Alexandria, Mary A. Brown, superintendent of Petersburg Hospital, Petersburg; secretary, Mrs. Charles W. Eaton, 2710-A East Broad Street, Richmond; treasurer, Julia Mellichamp, Norfolk, Va.

S. H. CABANISS and Annie Gulley of the Nurses' Settlement, Richmond, attended the Congress of School Hygiene at the Academy of Medicine in New York. Miss Gulley has now gone for several weeks to Vineland, New Jersey, to study there the methods of dealing with delinquent and feeble-minded children.

GEORGIA

Macon.—MARGARET J. MORAN, R.N., a graduate of the Philadelphia General Hospital, was appointed last April superintendent of nurses of Macon Hospital, and on January 1 was appointed general superintendent. At the annual meeting of the hospital association Miss Moran was highly commended for her untiring effort during the past year.

Atlanta.—CATHERINE E. MORAN, R.N., a graduate of the Philadelphia General Hospital, has been superintendent of nurses at St. Joseph's Infirmary since last September.

ALABAMA

Birmingham.—THE SEVENTH ANNUAL CHILD LABOR CONFERENCE under the auspices of the National Child Labor Committee will be held here, March 9, 10, and 11. Prominent speakers from various parts of the country will be

present, among them, Colonel Roosevelt, Governor Woodrow Wilson; Jane Addams, Dr. Felix Adler, Mrs. Florence Kelley, Miss Lillian D. Wald, and a large number of educators, factory inspectors, truant officers, and others interested in child welfare. All the subjects to be discussed will be of value to nurses, and the conference should be largely attended by those living in and near Birmingham.

OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES has as officers for the year 1911: president, Florence Bishop, Miami Valley Hospital, Dayton; secretary, Matilda L. Johnson, 501 St. Clair Avenue, Cleveland.

Cincinnati.—THE GRADUATE NURSES' ASSOCIATION OF CINCINNATI held its regular monthly meeting in the library of the City Hospital on January 30, the president, Miss Fisher, in the chair. It was decided to give fifty dollars to the Isabel Hampton Robb Memorial Fund. Fifty dollars a year was voted toward the visiting nurse association of the city. The superintendent of this organization, Abbie Roberts, made the address of the afternoon in her own interesting manner. The society has made a rapid and substantial growth. Organized less than a year ago, there are now nine districts, each having a clothes closet with garments and supplies. In every instance, the use of the room was given by a church or some charitable organization. The existing organizations of every kind have given this one hearty co-operation and support, putting rooms, supplies, and time at the service of Miss Roberts and her assistants. The Maternity Society, under the auspices of ladies of the Episcopal church, which had for twenty years provided medical and nursing attention and clothing for mothers and their babies, was one of the first to aid the visiting nurse association, feeling that more extensive and perhaps more effective work might be done by a union of forces with trained workers. The Catholic Visitation Society has also given hearty, valuable, and appreciated help in the way of clothes, food, delicacies, and visits. The Shut-in Society provides magazines, flowers, fruit, and arranges carriage and automobile rides. Many of the churches help in directions and by means otherwise unattainable. A rising vote of thanks was given Miss Roberts. The meeting adjourned till the last Monday in February.

THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting on February 3, with the president, Miss E. Pierce, in the chair. After the transaction of business, and a lively discussion about the payment of dues for the sick benefit fund, the members were entertained with a reading by Miss E. Arnsperger. Miss M. H. Greenwood, superintendent of the hospital, gave an interesting talk on nursing ethics and kindred topics.

Columbus.—THE ST. CLAIR HOSPITAL was opened on January 12. Miss McCalla, class of 1910, Grant Hospital, is superintendent; Miss Charles, class of 1908, Protestant Hospital, night superintendent. A two and a half year course will be given pupil nurses.

Akron.—A MEETING for the purpose of organizing an association of the graduate nurses, located in Stark, Portage, and Summit counties, was held at the Nurses' Home of the City Hospital of Akron, January 28, 1911. The three counties were well represented and the nurses most enthusiastic. After the business session, Miss Mary Gladwin gave a very instructive address on Red

Cross work, which was especially interesting to the nurses in this locality. At the close of the meeting a number of nurses expressed a desire to enroll for Red Cross work. The name of the association is the Tri County Graduate Nurses' Association, president, Mary Gladwin, Akron; secretary, Mary De Pencier, Canton; treasurer, Helen McCrory, Akron.

MICHIGAN

Jackson.—JACKSON CITY HOSPITAL has just completed a new nurses' home, at a cost of \$15,000.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its regular monthly meeting February 7, 1911, at 2.30 P.M., in the Athenæum, corner Biddle and Cass Streets, in the city of Milwaukee. There were present 38 in person and 34 by proxy. The president, Helen W. Kelly, called the meeting to order. Minutes of last meeting were read and approved. Anne A. Ambridge, at present holding a position in the Bishop Clarkson Memorial Hospital, Omaha, Neb., resigned from membership in this association. Maud G. Tompkins resigned, for the present, as chairman of the Programme Committee, on account of her approaching marriage to Mr. Price Davis, and a trip abroad. The Dane county Nurses' Association invited this association to hold its June meeting in Madison. Motion was made by Miss Maher, and duly seconded by Miss Pfeffer, to accept the invitation. Motion carried.

Because Assemblyman Carl Hansen, Manitowoc, introduced a bill before the present session of the Wisconsin state legislature unknown to this association, Regine White, secretary, offered the following resolutions:

"WHEREAS, There is at present a bill pending before the Wisconsin state legislature regarding the registration of nurses; and,

"WHEREAS, This association is unacquainted with the subject matter in this bill; and,

"WHEREAS, This bill may not be framed in such a way as to meet the requirements of this association, and may thus thwart its interests,

"*Be it Resolved*, That the Board of Directors of Wisconsin Association of Graduate Nurses be, and it now is, empowered this 7th day of February, 1911, at this, its regular meeting, by vote of all members present, to secure the proper legal aid for the purpose of watching the progress of said bill; and

"*Be it further Resolved*, That said board be authorized to draw upon the treasury of this association, an amount sufficient to cover the necessary expense entailed thereupon."

It was moved by Mrs. Duket and seconded by Miss Sickels to adopt the above resolutions. Motion was unanimously carried.

Mrs. Frederick Tice, Chicago, and Colonel Maus, chief surgeon, Department of Lakes, Washington, D. C., addressed the meeting on the National Red Cross. Mrs. Tice spoke on the civic side of the work, and the Colonel on behalf of the government. Both speakers cited many periods in history of human suffering through lack of organization, which finally led up to the present movement of perfecting the National Red Cross. The Red Cross is a most vital issue in modern civilization, therefore the speakers urgently requested graduate nurses possessed of good health to enroll as members. In appreciation of the interest-

ing programme contributed to them by Colonel Maus and Mrs. Tice, the members expressed their enthusiasm by a rising vote of thanks.

Miss Kelly retiring, Miss Mathews, first vice-president, took the chair, and put the following business before the meeting as presiding officer.

The secretary read the following amendment:

"*Resolved*, That the eighth item of the Articles of Association of the Wisconsin Association of Graduate Nurses be amended by reducing the number of members necessary to constitute a quorum at all meetings after the first meeting, from thirty (30) members to eighteen (18) members, so that said item when amended shall read as follows:

"'EIGHTH: Each member shall be entitled to one vote at all meetings of the members of the corporation and may vote either in person or by proxy. Ten (10) members shall constitute a quorum of the members for all purposes at the first meeting of the corporation. Eighteen (18) members present in person or by proxy shall constitute a quorum for all purposes at all meetings of the members after said first meeting.'"

Motion made by Miss Emma Katz and seconded by Mrs. Bradshaw to adopt amendment. Motion carried. Meeting adjourned. Tea was served.

REGINE WHITE, *Secretary*.

THE DIRECTORS OF WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting immediately after the adjournment of the general meeting, February 7, 1911, at 5 P.M., in the Athenæum, corner Biddle and Cass Streets, in the city of Milwaukee. Present: the Misses Helen W. Kelly, Maud G. Thompsons, Mary Pfeffer, Katherine Maher, Mina Newhouse, Regine White, Stella S. Mathews, and Mesdames M. C. Bradshaw and Susie Rowan. The president presided. Minutes of previous meeting were read and approved. The secretary presented to the meeting a number of applications for membership; these were looked over, and turned over to the chairman of the Credential Committee. Hannah Aalberg, Madison, Wis., presented a copy of the bill to register nurses, now pending before the state legislature. This bill was carefully read, and, as it was found not to embody the standards that nurses need, the secretary was instructed to bring the copies of bills of the other states in her possession for reference, to an adjourned meeting of this board to be held the same day at 8 P.M., at 113 Farwell Avenue. On motion, meeting adjourned.

REGINE WHITE, *Secretary*.

AN ADJOURNED MEETING OF DIRECTORS OF WISCONSIN ASSOCIATION OF GRADUATE NURSES was held on February 7, 1911, at 8 P.M., at 113 Farwell Avenue, in the city of Milwaukee. Present: Helen W. Kelly, Maud G. Thompsons, M. C. Bradshaw, Katherine Maher, Mary Pfeffer, Mina Newhouse, Regine White, Stella S. Mathews, and Susie Rowan. Miss Kelly presided.

The bills of other states pertaining to the registration of nurses were carefully looked over. This board decided to frame a suitable bill for registration of nurses in Wisconsin, and offer same as a substitute for the bill now before the legislature. The president appointed a committee on legislation, consisting of Stella S. Mathews, Maud G. Thompsons, Anna J. Haswell, Mabel C. Bradshaw, and Katherine Maher.

The chairman of the Credential Committee reported favorably upon the following applicants for membership: Hannah Aalberg, Madison; Alydia Braskamp, Waupun; Sister Christine, superintendent of nurses, St. Mary's Hos-

pital, Milwaukee; Annie E. Lade, Lucy F. Wedemeyer, Milwaukee; Edythe Irvine, Martha Otto, Constance M. Wagner, Wauwatosa; Theta C. Mead, Merrill; Annie G. Herritage, Madison. Motion was made by Miss Mathews and seconded by Miss Newhouse to accept above applicants. Motion carried. Meeting adjourned.

REGINE WHITE, *Secretary*.

THE DIRECTORS OF WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting February 13, 1911, at 8 P.M., at 113 Farwell Avenue, in the city of Milwaukee. The Legislative Committee was at work, and reported that nothing definite could be done in so short a time. The board discussed the suitable standards for the bill, and, in a way, agreed upon what it should be. Meeting adjourned.

REGINE WHITE, *Secretary*.

ILLINOIS

Chicago.—RED CROSS SEALS IN CHICAGO.—The Nurses' Auxiliary Committee of the Chicago Tuberculosis Institute, Mrs. Theodore B. Sachs, Michael Reese Hospital, chairman, has turned into the treasury of the Tuberculosis Institute \$6300, from its sale of Red Cross stamps during December, 1910. Two hundred and sixty-two nurses, representing thirty-six hospitals and nursing organizations, including the visiting nurses, municipal tuberculosis nurses, and the State Association of Graduate Nurses, volunteered their services, and not only served at the sixteen booths opened in various parts of the city, but also sold stamps at their hospitals and to their friends. The booths were open in all 123 days, ranging from 30 days in the Federal Building to one day at the Stock Show. The nurses of St. Luke's Hospital sold more stamps than any other hospital, their receipts amounting to \$921.03. The success of this sale is largely due to the efforts of Mrs. Sachs, to whose untiring devotion and enthusiasm the nurses owe this splendid showing, and to whom the Chicago Tuberculosis Institute is indebted for its very welcome addition to its treasury.

MRS. NELLIE DUKELIN HOOVER, class of 1907, Presbyterian Hospital, will for a short time have charge of one of the stations in connection with the Infant Welfare Society of Chicago. Lina Davis, class of 1907, for some time night superintendent of the Pasadena Hospital, Pasadena, California, has assumed the position of assistant superintendent of nurses of the same hospital. Mrs. Louise Morrison Post, class of 1906, and her husband have returned from their trip abroad and will reside in Chicago. Beulah Smith, class of 1907, for several months superintendent of nurses at the Elgin State Hospital, has resigned her position and for the present is doing private duty nursing. Candice Monfort, class of 1907, recent head nurse of the Children's Department of the Hospital, is now acting as night superintendent of the Presbyterian Hospital of New Orleans, Louisiana.

THE HAHNEMANN HOSPITAL ALUMNÆ ASSOCIATION has arranged a special course of lectures. At the January meeting, Ellen Persons read a paper on the sanitary history of Chicago; in February, Minnie Ahrens told of the milk station work. Grace E. Ward, the new superintendent of nurses at Hahnemann Hospital, is a graduate of the S. R. Smith Infirmary, and not of the Massachusetts General Hospital, as might have been inferred from the item published in the January JOURNAL. Jeanne Veuve, class of 1908, Hahnemann Hospital, has change of the infirmary at the Home for the Friendless. Gertrude Holdredge recently resigned from the Watertown State Hospital and is doing private nursing in Chicago. Winifred Bray and Fannie Kuhlig, class of 1908, who

have held positions in eastern hospitals, have returned to Chicago and private duty.

THE CHICAGO BAPTIST HOSPITAL has appointed as its head surgical nurse, N. Blanch Easton, graduate of Brockville General Hospital, Brockville, Ontario. She assumed her duties on January 15.

Rockford.—WINNEBAGO COUNTY ASSOCIATION OF GRADUATE NURSES held its annual meeting and election of officers on January 7. The officers are: president, Mary Austin, R.N.; vice-president, Lois Rogers, R.N.; secretary, Elizabeth O'Connell, R.N.; treasurer, Anna Davis, R.N.

INDIANA

Indianapolis.—THE MARION COUNTY GRADUATE NURSES' ASSOCIATION at its annual meeting in December elected the following officers: president, Mary McCoy; secretary, Laura Stegner; treasurer, Edith Baynes. The board of directors is composed of the Misses McCoy, Stegner, Baynes, Littlefield, Martin, Peterson, Elizabeth Patterson, Mary Myers, and Mrs. Peter Bryce. Mae D. Currie was unanimously elected registrar for another year and given a three months' leave of absence, which she is now spending in California. Miss Currie has been a very faithful officer and has worked hard to make the directory which is maintained by the association a success. The reports of both registrar and treasurer were gratifying, exceeding the expectations of even the most sanguine. The number of calls received and nurses sent out was more than three times that of the previous year. All expenses have been paid, and a neat little sum remains in the treasury.

THE INDIANAPOLIS CITY HOSPITAL ALUMNÆ ASSOCIATION held its bimonthly meeting in the club rooms of the county association on the afternoon of February 7. There was a good attendance. It was decided to change the date of meeting from the first Tuesday in the month to the third Friday, in order to give the members an opportunity to attend the meetings of the Local Council of Women. Mrs. G. V. Woolen delightfully entertained the members with several recitations.

Lafayette.—FRANCES E. KNECHT, graduate of Bellevue and Allied Hospitals, New York, recently connected with the Deaconess Hospital of Indianapolis, has been appointed superintendent of the Home Hospital, succeeding Mrs. Edgerly, who was married.

MISSOURI

MEMBERS OF THE STATE ASSOCIATION desiring to hear papers on any special subject presented at the next annual meeting will kindly send suggestions to the president,

MARGARET MCKINLEY, R.N.,
5896 Delmar Boulevard, St. Louis.

St. Louis.—THE VISITING NURSE ASSOCIATION, formed on January 6, has a staff of seventeen nurses in the field. Margaret M. McClure is superintendent.

WASHINGTON

Tacoma.—PIERCE COUNTY GRADUATE NURSES' ASSOCIATION held the regular monthly meeting in the nurses' home of the F. C. Paddock Hospital, on February 6, 1911, at 8 P.M., with ten members present. The president, Miss Weller,

asked Miss Marsden to act as secretary pro tem. Minutes of last meeting were read and approved. Special minutes were read of the meeting called to take action regarding the death and funeral of the late secretary, Maude S. Curry. The president called for nominations for a new secretary. Mrs. Cummings nominated Miss Marsden; this was seconded by Miss Mulroy; Miss Marsden was elected. Mrs. E. B. Cummings gave an interesting account of the work being done by the present council. The members now listened to a good talk on "Pneumonia," by the well-known physician, Dr. Charles McCreery. Miss Marsden read the report of the standing committee. Five applications for membership were received and accepted. Misses Juergens, Delgard, and Goth, who were appointed to draft resolutions on the death of the late secretary, reported the resolution as framed. The meeting then adjourned to meet the first Monday evening in March.

CANADA

Toronto.—GRACE HOSPITAL has as its new superintendent of the training school, Miss G. L. Rowan, a graduate of the hospital, who has recently been at the Fordham Hospital, New York. Miss Rowan succeeds Miss Scott who resigned some time ago.

KATE MCTAVISH, Toronto General Hospital, class of 1890, has been appointed superintendent of the General Hospital, Prince Rupert, B. C. Bessie Millman, class of 1910, has been appointed superintendent of the Memorial Hospital, Orange, N. J. Kathleen Tomlinson, class of 1910, has gone as missionary nurse to Alaska, and Minnie Smith, class of 1909, to China. Alice Sinclair, class of 1901, has recently accepted a post-graduate appointment in the General Hospital, Vancouver, B. C.

MARRIAGES

ON February 2, in Tacoma, Washington, Margaret Holcombe, to John L. Honeycutt.

ON January 21, in Crown Point, Indiana, Nellie Dukelin, class of 1907, Presbyterian Hospital, Chicago, to Mr. E. Hoover. Mr. and Mrs. Hoover will live in Chicago.

ON January 27, in South Bend, Indiana, Lelia Fairbairn, class of 1899, Hahnemann Hospital, Chicago, to Charles F. Ely, M.D., of Chicago.

ON January 4, Laberta M. Smith, class of 1907, Provident Hospital, Chicago, to W. Elmer Keeton. Mr. and Mrs. Keeton will live in St. Louis.

ON January 25, at the Church of Zion and St. Timothy, New York City, Elizabeth Barton, class of 1904, St. Luke's Hospital, to Gladstone Goode, M.D.

ON January 7, Ellen Moore, class of 1910, Presbyterian Hospital, Chicago, to Claude Irving. Mr. and Mrs. Irving will live in Fort Pierre, South Dakota.

ON January 2, Elizabeth Farnsworth, class of 1909, Presbyterian Hospital, Chicago, to Joseph Glover. Mr. and Mrs. Glover are spending a few months in Monroe, Louisiana.

ON December 7, at Syracuse, N. Y., Helen Rebecca Benedict, class of 1895, Hospital of the Good Shepherd, to Julius Clark Gillette. Mr. and Mrs. Gillette will live in Syracuse.

ON January 4, at Superior, Wisconsin, Ethelyn A. Welch, class of 1903, Hahnemann Hospital, Chicago, to Svene Steen. Mr. and Mrs. Steen will live in Minot, North Dakota.

ON December 28, in Durand, Illinois, Vera Hartley, class of 1910, Presby-

terian Hospital, Chicago, to Robert Gaylord Davis, M.D. Dr. and Mrs. Davis will live in Des Moines, Iowa.

On December 1, at Emsworth, Pa., Mary Idelia Steel, class of 1907, Presbyterian Hospital, Allegheny and Pittsburgh, to Alfred Jacob Fueller. Mr. and Mrs. Fueller will live in Pittsburgh.

In Decatur, Indiana, Lillian A. Edgerly, graduate of Hope Hospital, Fort Wayne, to Charles K. Mavity. Mrs. Mavity, after graduating from Hope Hospital, took the course at the Boston Floating Hospital, and has held the positions of superintendent of the Soldiers' Home and Hospital, Lafayette, and later of the Home Hospital of the same place. She has been an active member of the Indiana State Nurses' Association. Mr. and Mrs. Mavity will live in Lafayette, where Mr. Mavity is managing editor of the *Lafayette Morning Journal*.

DEATHS

On January 19, in Brazil, Indiana, of tuberculosis, Mae Stunkard, class of 1906, St. Vincent Infirmary, Indianapolis, Ind.

On January 6, at Dodgeville, Wisconsin, after a long illness, Susan A. Prideau, class of 1903, Chicago Baptist Training School.

On January 23, at her home in Pontiac, Illinois, after an illness of only a few months, Mrs. Julia Barron Lord, a member of the first graduating class of the Presbyterian Hospital, Chicago.

On January 23, at her home, Dresden, Ohio, after months of suffering, Bessie B. Brill, class of 1904, Hahnemann Hospital, Chicago. She was always conscientious, faithful, and cheerful, and was "ready to go."

On December 21, at Terre Haute, Indiana, after a short illness with spinal meningitis, Emma Lohman, class of 1908, Union Hospital. Miss Lohman was a member of the Union Hospital Nurses' Alumnae Association.

On December 12, in Augusta, Georgia, of pneumonia, Constance Virginia Curtis, class of 1895, Reading Hospital, Reading, Pa. Miss Curtis had done private nursing for seven years after her graduation, and then was for ten years superintendent of the Phoenixville Hospital, Phoenixville, Pa., where she brought the hospital to a standard far above the average. She resigned her position in August to become superintendent of the Wilhenford Hospital, Augusta. She was a most lovable Christian character. She was wonderfully well informed in her profession, always energetic and pushing along in pursuit of knowledge, a great credit to everything she was in any way connected with. Her early death is a great shock to all who knew her. She was buried at Old Fort, North Carolina.

On January 22, of endocarditis, following an acute attack of inflammatory rheumatism, at Saratoga Hospital, Saratoga Springs, N. Y., Harriett M. Putnam, class of 1908, Grace Hospital, Toronto, Canada. Miss Putnam filled the position of night supervisor at Saratoga Hospital for one year, and then became assistant superintendent. At the time of her death she was acting superintendent. By her sterling qualities and happy disposition she endeared herself to all—patients, physicians, nurses, and friends. All with whom she came in contact felt the inspiration of her life. She left a father and mother, sister, and numerous relatives and friends to mourn her loss. She was to have been married in June.

ON January 29, in Tacoma, Washington, after a short illness of tubercular meningitis, Maud S. Curry, class of 1906, Fanny C. Paddock Hospital. Miss Curry was the efficient and faithful secretary of the Pierce County Graduate Nurses' Association and her death is a great loss to that organization. She had won a host of friends by her cheerful disposition and skilful care of the sick. It is said of her that no night was too long nor any of her patients so exacting as to cause her happiness or equanimity to fail. She is survived by a mother and sister. On January 31, many of her friends and sister nurses gathered to listen to the beautiful burial service of the Episcopal Church. Two favorite hymns were sung by the choir from St. Luke's Church. Six nurses from her school, three of them classmates, were the pall-bearers. All the nurses who could do so attended the service in uniform. Her place will be difficult to fill.

ON January 4, at the Presbyterian Hospital, New York City, Mrs. M. A. Moore, class of 1891, Willard State Hospital. Mrs. Moore had been suffering for some years from a serious heart trouble, but engaged in her profession to within a few months of her death. She came to New York City in 1900 and took a post-graduate course at the Woman's Hospital; after that engaged in private nursing. She was greatly interested in the advancement of the nursing profession, believed thoroughly in the higher education and registration of nurses, and when the Nurse Practice Act of New York State was passed, she was one of the first nurses to register under that law, and advocated state registration to every nurse with whom she came in contact. She was one of the earliest members of the Association of Graduate Nurses of Manhattan and Bronx, and was an earnest and indefatigable worker in its interests. Her death is greatly regretted by the association and a resolution to that effect was passed at the January meeting, a copy of the resolution being forwarded to her relatives.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

STUDIES IN INVALID OCCUPATION, A MANUAL FOR NURSES AND ATTENDANTS. By Susan E. Tracy. Price, \$1.50. Whitcomb & Barrows, Boston.

The nurse who is thoroughly trained in the care of the sick, who knows the significance of each breath her patient draws; who keeps her patients in apple-pie order, as to person, dietary, housing; who notes accurately and reports intelligently, has no doubt grounds for asserting that she knows something of nursing. She will not, however, have appreciated the real gist of her training if she arrives at the point where she thinks she "knows it all." The physical side of nursing is, it seems, tremendously dependent on the psychological side and the slackness which is universally recognized as degenerative in the normal body becomes even more powerfully a degenerating agency in the body which has been weakened by pain and suffering. In recognition of this Miss Tracy has written her book. She makes an earnest plea for more teaching for nurses along the lines of occupation studies, seeing as definite a place for this branch of training as the high schools and colleges give to manual training. In hospitals for the insane, occupation is taught by persons trained for teaching but entirely lacking in knowledge of the limitations imposed by disease upon the patients. Miss Tracy sees a solution of the difficulty by training the nurse so that she may become also the teacher; to do this there need be no feeling that the nurse has been relegated to a sphere to which she does not belong, since, more and more, doctors are making use of methods of suggestion or psychotherapy in their treatment of disease. She suggests that when the time comes when nurses who have been doing private duty nursing for a term of years begin to feel the need of relaxation from the strain of nursing and are ready for a change of occupation, they take a course in this work and perhaps follow it by teaching what they have learned.

"The field," says Miss Tracy, "is well opened for this work; teachers will surely be in demand. They must possess resourcefulness, unfailing patience, quick perception of capacities and limitations, an enthusiasm which can anticipate for the patient the attractiveness of

the finished product, and the insight which substitutes a new piece of work or a new phase of the old before the patient is conscious of weariness or distaste. Such teachers exist, and may be developed, although they are none too frequently met. They should receive quick recognition and careful training." And again: "The main trouble with the pupil nurse lies in her failure to make strong connections between occupation and nursing. She feels that the essential experience lies in witnessing and assisting at unusual and striking surgical operations, but out in the world of private work she will get little of this; what she will get, will be the long twenty-four hour day, the seven day week, the thirty day month, and three hundred and sixty-five day year, with all the monotony of diminished powers. Whatever renders these long stretches fertile, and hangs even the smallest fruit on the weak branches of the tree of life, will never be a matter of regret."

The book takes up various occupations suitable to different kinds of invalids and such others as may have become deficient through the result of accident or deformity—or the blind. The materials necessary vary of course with the products evolved. For a large institution there would be required a certain amount of equipment, but for a single case, observation, ingenuity, and whatever trifles may present themselves most readily seem to be all that are needed.

It is to be hoped that Miss Tracy's suggestion of making the study of invalid occupation a part of the training of the pupil nurse may be taken up by those who have to do with the arrangement of the curriculum of nurse training schools. The superintendents will groan and wonder where the time is to be found for the new branch, but this is one of the changes that seems to have come to stay.

And even if, for the present, it may find the greater part of its adherents among the older graduate nurses, the time is not far distant when doctors will require more of this sort of thing from nurses, and nurses will demand more of this sort of training.

Apart from its teaching the book furnishes most agreeable reading, Miss Tracy having a keen sense of humor, a large fund of sympathy for the shut-ins, and a realizing sense of the disadvantages that this class labors under.

The concluding chapter is written by Dr. E. Stanley Abbot, of MacLean Hospital, Waverly, Mass., and gives some results from following in these lines, in cases of mental deficiency and in the insane; among this class the work has been more systematically used and has more to show in the way of results.

MASSAGE IN PRACTICE, For General Workers. By Margaret Atkey, Examiner to the Incorporated Society of Trained Masseuses; Matron of the Newport and Monmouthshire Hospitals; Late Sister of the Council of the Incorporated Society of Trained Masseuses. 2/6 net price. The Scientific Press, Ltd., 28 and 29 Southampton Road, Strand, London.

The writer taking for granted that the operator has received a good general training in the art of giving massage, devotes her book to a particular consideration of the most effective movements used in special cases. These include massage suitable in various cases of surgery, as well as a number of medical cases, giving in detail the best movements for special diseases, and offering suggestions for gymnastic exercise to be used at the same time or in connection with the massage.

JAPAN is not lagging behind in the fight against tuberculosis. The Japan Health Association has over 200,000 local members and carries on a campaign of lectures in the cities and towns of the country. Tuberculosis is increasing in Japan, due chiefly, Prof. S. Kitasato of Tokyo says, to the rapid development of the factory system of industry, the introduction of modern methods and manners of civilization, and the increasing acuteness of the struggle for existence.

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